**ABOBILL**

Attorney’s Name

Attorney’s Bar Number

Attorney’s Firm Name

Attorney’s Address

Attorney’s Phone Number

Party Attorney Represents

DISTRICT COURT

CLARK COUNTY, NEVADA

)

)

)

Plaintiff, )

)

v. ) CASE NO. A-

) DEPT NO.

)

Defendants. )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**OBJECTION TO ARBITRATOR’S BILL FOR FEES AND/OR COSTS**

(Plaintiff/Defendant) , by and through his attorney of record, , Esq., of the law firm of , hereby objects to the arbitrator’s bill for fees pursuant to NAR 24 and/or costs pursuant to NAR 23 in the above entitled case on the following grounds:

**[STATE SPECIFIC REASONS FOR OBJECTION(S) TO BILL]** .

DATED this day of , 20\_\_.

ATTORNEY

BAR NUMBER

ADDRESS

PARTY

ARB FORM 32 (1 of 2)

CASE NAME/CASE #

CERTIFICATE OF SERVICE

I hereby certify that on the day of , 20\_\_, I mailed a copy of the foregoing OBJECTION TO ARBITRATOR’S BILL FOR FEES AND/OR COSTS in a sealed envelope, to the following **counsel of record** **and Arbitrator** and that postage was fully prepaid thereon ***OR*** this document was served via E-Service:

EMPLOYEE OF ATTORNEY

**NOTE: ATTACH A COPY OF THE ARBITRATOR’S BILL.**

**NOTE: ALL DISPUTES MUST BE FILED WITHIN 7 DAYS OF THE DATE**

**THAT THE ARBITRATOR SERVES THE BILL. NAR 23(d) AND NAR 24(d).**

**NOTE: PURSUANT TO NEFCR RULE 9(f)(2) AN ADDITIONAL 3 DAYS IS NOT ADDED TO THE TIME IF SERVED ELECTRONICALLY (VIA E-SERVICE).**

ARB FORM 32 (2 of 2)