SUPERIOR COURT OF WASHINGTON

COUNTY OF KITSAP

# ARBITRATOR'S REQUEST FOR COMPENSATION

PLAINTIFF,

vs.

DEFENDANT.

NO.

☐ This case was resolved by settlement and the arbitration settlement and order of removal from the trial calendar as been filed with the clerk of the court.

☐ This case was resolved by award and the arbitration award has been filed with the clerk of the court.

**The following dates/time was devoted by the Arbitrator to this case:**

| Date | Hours | Purpose |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Send Completed Forms To Arbitration Department | | |

**The undersigned certifies that she/he was duly appointed and served as an arbitrator in this case for the dates/time stated above.**

| FOR OFFICE USE ONLY | |
|---|---|
| Charge to County | **TOTAL** |
| Charge to State | |
| Payment Approved By: | |
| Director of Arbitration | |

**Make Check Payable To:**

Name of Firm:_____

Signature

Typed Name

Address City Zip

**Social Security or Tax Identification No.**
(Number used for reporting compensation to IRS)

**ATTORNEY AT LAW** ☐ **RETIRED JUDGE** ☐

FOR STATE USE ONLY

| Doc. Date | Payment Due Date | Current Doc. No. | Ref. Doc. No. | Vendor No. | Vendor Message | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Ref Doc Suf | Trans Code | M O D | Fund | Appn Index | Program Index | Sub Obj | Sub Sub Object | Org Index | Alloc | Budget Unit | Mos | Project | Sub Proj | Proj Phas | Amount | Invoice Number |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |