

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLACKAMAS

_____))
 _____))
 Plaintiff / Petitioner,))
 _____))
 v.))
 _____))
 _____))
 Defendant / Respondent.))

CASE NO. _____

**ARBITRATOR'S
ITEMIZATION
OF TIME UTILIZED**

() Case Settled () Hearing held and award filed.

<u>Date</u>	<u>Hours</u>	<u>Activity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more space is needed, use the back of this form)

TOTAL HOURS: _____

_____, 20____
Date

Signature of Arbitrator

Arbitrator's name (printed)

This form to accompany the Arbitration Award / Settlement. Send original to Court and copies to each party. The Arbitrator shall refund to parties any deposit in excess of the Arbitrator's actual fee.