

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

\_\_\_\_\_) CASE NO. \_\_\_\_\_  
Plaintiff(s) )  
)  
vs ) **ARBITRATOR'S REQUEST FOR**  
) **PAYMENT OF ARBITRATOR FEE**  
) **(FEE DEFERRAL CERTIFICATE)**  
)  
\_\_\_\_\_)  
Defendant(s) )

In accordance with SLR 13.122(3), I certify to this court the following:

1. A waiver/deferral of arbitrator fee was granted by this court and a copy is attached.
2. An itemized statement of my time is attached.
3. The information required for reimbursement is as follows:

Case No: *See case caption above*

Total Hours: \_\_\_\_\_

Share of hours chargeable to indigent party: \_\_\_\_\_

"I HEREBY DECLARE THAT THE ABOVE STATEMENT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I UNDERSTAND IT IS MADE FOR USE AS EVIDENCE IN COURT AND SUBJECT TO PENALTY FOR PERJURY."

\_\_\_\_\_) Date  
\_\_\_\_\_) Arbitrator (Print Name)  
\_\_\_\_\_) Arbitrator's Signature  
Arbitrator's OSB #: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Approved:

\_\_\_\_\_) Date  
\_\_\_\_\_) Susie L. Norby, Circuit Judge

ARBITRATOR'S REQUEST FOR PAYMENT OF ARBITRATOR FEE