

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE THIRD JUDICIAL DISTRICT

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

SUPPLEMENTAL ARBITRATION
AWARD

Case No. _____

An arbitration award was previously made in this case. That award is hereby supplemented with the following:

SUPPLEMENTAL ARBITRATION AWARD

Defendant is hereby awarded:

- reasonable attorney fees;
- costs;
- prevailing party fee.

Plaintiff is hereby awarded:

- reasonable attorney fees;
- costs;
- prevailing party fee.

Plaintiff/Defendant _____ received a fee deferral of the arbitrator's fees. The State of Oregon is hereby awarded deferred arbitrator fees.

The following party shall prepare and submit a judgment in accordance with this award to the court after the appeal period has expired if no notice of appeal has been filed: _____.

MONEY AWARD

1. Judgment Creditor Name and Address: _____

2. Judgment Creditor's Attorney Name, Address and Telephone Number: _____

3. Judgment Debtor Name, Address, Date of Birth, Social Security Number, and Driver's License Number (if known): _____

4. Name of Judgment Debtor's Attorney: _____
5. Amount of Money Award: _____
6. Name of any person or public body, as defined in ORS 174.109, other than the judgment creditor's attorney, that is known by the judgment creditor to be entitled to any portion of the money award:

7. Prejudgment interest: Amount or rate of interest: _____ Balance upon which it accrues: _____
 _____ Date upon which interest runs: _____ simple compounded at
 following interval(s): _____
 Additional information: _____
8. Post judgment interest: Rate of interest: _____ Balance upon which it accrues: _____
 Date upon which interest runs: _____ simple compounded at following
 interval(s): _____
 Additional information: _____
9. Accrued arrearages, required further payments per period and payment dates: _____

10. Costs and Disbursements: _____
11. Deferred Arbitrator's Fees:
 Judgment Creditor: State of Oregon
 Judgment Debtor: _____
 Amount of Award: _____
12. Attorney's Fees: _____
 Claim: _____ Amount: _____
 Claim: _____ Amount: _____
 Claim: _____ Amount: _____

Dated: _____

Arbitrator's Office Address: _____ Arbitrator (signature)

 _____ Arbitrator (print, type or stamp name)

Return this form to Marion County Circuit Court, Attention: ARBITRATION COORDINATOR