

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

_____) NO. _____
Plaintiff)
vs)
_____) **CERTIFICATION OF SERVICES AND**
Defendant) **REQUEST FOR PAYMENT OF**
ARBITRATOR FEE

In accordance with SLR 13.048, I certify to this court that waiver/deferral of the arbitrator's fee was granted by this court (**copy of deferral order and itemized statement attached**) and the information required for reimbursement is:

Case No: *See case caption above*

Total Hours: _____

Share of hours chargeable to indigent party: _____

DATED: _____

Arbitrator
OSB # _____ Tax ID# _____

Printed Name: _____

(Attach copy of deferral/waiver order and copy of statement; send to Trial Court Administrator, Attn: Arbitration Clerk, 1021 SW 4th Avenue, Portland, Oregon, 97204-1123)