

IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF CLATSOP
PO Box 835 Astoria Oregon 97103

<p>_____</p> <p style="text-align: center;">Plaintiff(s)/Petitioner,</p> <p style="text-align: center;">v.</p> <p>_____</p> <p style="text-align: center;">Defendant(s)/Respondent</p>	<p>Case No: _____</p> <p><input type="checkbox"/> ARBITRATION AWARD</p> <p><input type="checkbox"/> NOTICE OF SETTLEMENT</p>
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- This case has been settled. The parties will submit appropriate documents (decree, judgment, judgment of dismissal, etc.) to the court within _____ days.

- This arbitration hearing was held on _____ (date)

MONEY JUDGMENT

I make the following award: _____

1. Judgment creditor(s): _____
Address and Phone No.: _____

2. Judgment creditor's attorney: _____
Address and Phone No.: _____

3. Judgment debtor(s): _____
Address and Phone No.: _____
Last four of SS#: _____

4. Judgment debtor's attorney: _____
Address and Phone No.: _____

5. Amount of judgment: _____

6. Amount of costs: _____

7. Amount of attorney fees: _____

8. Interest information: _____

Is there any other person or public body known to the judgment creditor, other than the judgment creditor's attorney, who is entitled to any portion of a payment made on the judgment?

NO

YES. If yes, please provide name: _____

Was any part of this award based upon the failure of any party to participate?

NO

YES. If yes, please identify: _____

Additional Comments: _____

Date

Arbitrator's Signature

Address

City

State

Zip Code

To the Arbitrator: This award must be made in accordance with UTCR 13.210 & 13.220. Send a copy of this award to each party and eFile the original with ***PROOF OF SERVICE***.

Original to court

cc: Plaintiff/Petitioner & Attorney; Defendant(s)/Respondent & Attorney; Arbitrator