



SUPERIOR COURT OF WASHINGTON  
 COUNTY OF KITSAP

# ARBITRATOR'S REQUEST FOR COMPENSATION

PLAINTIFF,  
 VS.  
 DEFENDANT.

NO.

This case was resolved by settlement and the arbitration settlement and order of removal from the trial calendar as been filed with the clerk of the court.

This case was resolved by award and the arbitration award has been filed with the clerk of the court.

**The following dates/time was devoted by the Arbitrator to this case:**

Date	Hours	Purpose

Send Completed Forms To Arbitration Department

The undersigned certifies that she/he was duly appointed and served as an arbitrator in this case for the dates/time stated above.

**FOR OFFICE USE ONLY**

Charge to County	<b>TOTAL</b>
Charge to State	
Payment Approved By:  _____	
Director of Arbitration	

**Make Check Payable To:**

Name of Firm: \_\_\_\_\_

Signature \_\_\_\_\_

Typed Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Social Security or Tax Identification No.**  
 (Number used for reporting compensation to IRS)

**FOR STATE USE ONLY**

ATTORNEY AT LAW

RETIRED JUDGE

Doc. Date			Payment Due Date			Current Doc. No.			Ref. Doc. No.			Vendor No.			Vendor Message				
Ref Doc	Trans Code	M O D	Fund	Appn Index	Program Index	Sub Obj	Sub Sub Object	Org Index	Alloc	Budget Unit	Mos	Project	Sub Proj	Proj Phas	Amount	Invoice Number			