

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

Case No. \_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)

vs

\_\_\_\_\_  
Defendant(s)

**REQUEST FOR PAYMENT OF  
ARBITRATOR'S FEE  
(FEE DEFERRAL CERTIFICATE)**

In accordance with UTCR 13.120, 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: \_\_\_\_\_

**ARBITRATOR CERTIFICATION**

I certify that the above information is accurate.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Arbitrator (Print Name)

\_\_\_\_\_  
Arbitrator's Signature

OSB#: \_\_\_\_\_

Tax ID#: \_\_\_\_\_