

(Arbitrator's Name, Law firm, Address, and phone number)

E-MAIL ADDRESS (Optional):

**ARBITRATOR'S FEE STATEMENT AND ORDER FOR PAYMENT OF THE FEE**

**SUPERIOR COURT OF CALIFORNIA, STANISLAUS COUNTY**

ADDRESS: **801 10TH STREET, 4TH FLOOR**  
 CITY AND ZIP CODE: **MODESTO, CA 95354**  
 BRANCH NAME: **MODESTO**

Plaintiff,  vs.  Defendant.	CASE NUMBER:  ARBITRATOR'S FEE STATEMENT AND ORDER FOR PAYMENT OF THE FEE
---	--

Date of Arbitration: \_\_\_\_\_  
 Time Spent on Arbitration (to the nearest quarter hour): \_\_\_\_\_  
 Date of Filing the Arbitration Award: \_\_\_\_\_  
 ► Arbitrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORDER FOR PAYMENT OF FEES**

The Court is hereby ordered to draw his warrant in favor of the firm name \_\_\_\_\_  
 for the sum of \$150.00 for fee incurred while serving as a arbitrator for the Superior Court of the State of California in the County of Stanislaus.

The box below is for court use only.

Vendor Name:					Vendor Number:	
Amount	Account	Cost Center	Functional Area	Fund	Case Name	
	938401	502233	1220	110001		
Date	Authorized Departmental Signature			Approved/Posted by		Date