KING COUNTY SUPERIOR COURT

PLAINTIFF,

vs.

DEFENDANTS

ARBITRATOR'S REQUEST FOR COMPENSATION

CASE NUMBER:

☐ This case has been settled, and the Notice of Settlement and/or order of dismissal have been filed with the court clerk.

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

The following time is invoiced by the Arbitrator to this case:

Hours	Activity
	Administrative time (Scheduling hearing/ mailing / e-mailing parties / e-filing)
	Review of materials submitted by parties for Hearing / Motions (both before and after the hearing / motions)
	Hearing / Pre-Trial Motions / Post – Trial Motions (do not include Travel / Parking) (Time parties are all together for testimony or argument via phone, in person, or virtually)
	Preparation of Award/Opinion (not to exceed 2 hours)
	Total Hours
	Total Costs – Costs (postage, copies, etc. fuel/mileage and parking are not reimbursable) If there are costs, then a detailed invoice including those costs must be submitted with this form. If costs exceed $10, then pre-approval is required from the Arbitration Department.

Arbitrator's signature on this form certifies that she/he was duly appointed and served on this case for the hours stated above.

_____ _____

Arbitrator Signature Date Signed

SUPERIOR COURT USE ONLY	**Compensation Requested by / Payable to:**
Payment Approved By:	Arbitrator Name:
	Issue Payment to: Arbitrator Name Above ☐ Business Name Noted Below ☐
_____ Signature – Arbitration Dept.	Business Name for Payment:
Date:	Payment will be mailed to the address on file for the person or business noted above. Please submit a King County W9 form if the name or address has changed.

SUPERIOR COURT USE ONLY

Total Hours	Hourly Rate	Amount Due for Hours	Costs	Total Payable

Instructions for the Arbitrator's Request for Compensation Form

1. **Heading –** Enter the parties and the case number
2. **Resolution –** Select which box applies and make sure that all the appropriate documents have been filed:
    a. Settlement
        i. Notice of Settlement and/or
        ii. Signed Order of Dismissal
    b. Full Arbitration
        i. Arbitration Award
3. **Hours –** Enter the number of hours worked in the respective categories and calculate the total number of hours. A separate invoice may be submitted as an additional attachment but should not take the place of this document.
4. **Costs –** Enter the total amount of any costs. If there are costs, then a detailed invoice including those costs must be submitted. Costs exceeding $10 require prior approval from the Arbitration Department.
5. Sign and date.
6. **Compensation Requested by / Payable to –** Enter the name of the arbitrator for this case. Check <u>one</u> of the two boxes for issuing payment. If payment is made to the arbitrator's name, then check the first box. If payment is to be made to an entity other than the arbitrator's name, then check the next box and enter the business name. For instance:

    Arbitrator Name: Patricia Stone
    Issue Payment to: Arbitrator Name Above ☒ Business Name Noted Below ☐
    Business Name for Payment:

    OR

    Arbitrator Name: Patricia Stone
    Issue Payment to: Arbitrator Name Above ☐ Business Name Noted Below ☒
    Business Name for Payment: Law Office of Monsoon, Magoo & McGillicuddy LLP

    Prior to issuing payment, the entity must be established as a King County vendor, so please be sure to select and write the correct information. Contact the arbitration department if your address or business name has changed.

<u>DO NOT</u> E-FILE THIS FORM WITH THE CLERK'S OFFICE IN THE CASE FILE.

Please submit your payment request document(s) to:

SCArbitration@KingCounty.Gov (not case sensitive)

Or mail a hard copy to: King County Superior Court
Arbitration Department
516 3rd Avenue, Room C-203
Seattle, WA 98104

If you have questions please contact the Arbitration Department
Email: SCARBITRATION@KINGCOUNTY.GOV
Phone: (206) 477-2460