Arbitrator Name and Address:						
Telephone No.: Fax No. (Optional): E-Mail Address (Optional):						
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 Civil Complex Center - 751 W. Santa Ana Blvd., Santa Ana, CA 92701-4512 Harbor-Laguna Hills Facility – 23141 Moulton Pkwy., Laguna Hills, CA 92653-1251 Harbor – Newport Beach Facility – 4601 Jamboree Rd., Newport Beach, CA 92660-2595 North – 1275 N. Berkeley Ave., P.O. Box 5000, Fullerton, CA 92838-0500 West – 8141 13 th Street, Westminster, CA 92683-0500						
PLAINTIFF/PETITIONER:						
DEFENDANT/RESPONDENT:						
ARBITRATOR'S FEE STATEMENT					CASE NUMBER:	
rule 360, the followi	ng fee(s) are req ort payment of fe	uested for con	ducting arbitration pro	oceedings	in the above-	iia, County of Orange, named case. (Attach a ucted or extraordinary
Date session concluded: Date Award or Settlement filed with the Court:						
Name of Arbitrator: Fee(s) Reques					sted	
Name of Payee:			Fee for entire session: \$150.00			
Address of Payee:			Extraordinary fees:			
				то	TAL:	
Last four digits of your Social Security # or your full Taxpayer Identification #:						
☑ A current signed IRS Form W-9 or Payee Data Records is: ☐ attached ☐ has been submitted to the Court						
I declare under pe	nalty of perjury u	nder the laws	of the State of Califor	nia that th	e foregoing is	true and correct.
Date: Signature of Arbitrator:						
		(Fe	or Clerk's Use Only)			_
Amount approved: \$					ON, Clerk of the	Court
Authorization By: Deputy (Clerk	
(For Accounting Services Use Only)						
Account Coding						
G/L Acct.	Cost/Fund Center	WBS Element	Functional Area PCT	Fund	Tax Code	Amount
939102	306311		1220	110001		
Review and Authorization			Accounting Services Approval			
Date:By:		Date: Authorized By:				