

ARBITRATOR (Name, Address, Telephone No.)	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE CENTRAL JUSTICE CENTER 700 Civic Center Dr. West Santa Ana, CA 92701-4045	
PLAINTIFF: DEFENDANT:	
AWARD OF ARBITRATOR	CASE NUMBER:

The undersigned arbitrator, having been appointed by the Court and duly sworn, and having heard the cause on (date) _____, and having considered the evidence of the parties, hereby awards as to all claims submitted, the following (attach separate sheet if necessary): (Note: Names of parties are to be inserted on appropriate lines.)

- Plaintiff(s) _____ shall recover from defendant(s) _____, the sum of \$ _____.

- The claim of plaintiff(s) _____ is denied.

- Cross-complainant(s) _____ shall recover from cross-defendant(s) _____, the sum of \$ _____.

- The claim of cross-complainant(s) _____ is denied.

- All other claims are denied.**

Statutory costs of suit are:

- Awarded to plaintiff(s) in the amount of \$ _____.
- Awarded to defendant(s) in the amount of \$ _____.
- Each party shall bear their own costs.

I declare under penalty of perjury under the laws of the State of California the above is true and correct.

Date: _____ _____ (Signature of Arbitrator)

(A copy of this award should be served on all parties and a proof of service attached to the original and filed with the Court.)

AWARD OF ARBITRATOR