

ADR PANEL MEMBER: <i>(Name and Address)</i> : TELEPHONE NO: _____ FAX NO. <i>(Optional)</i> : _____ E-MAIL ADDRESS <i>(Optional)</i> : _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA MAILING ADDRESS: P.O. BOX 911 CITY AND ZIP CODE: MARTINEZ, CA 94553 BRANCH NAME: MARTINEZ	
CASE NAME: _____	
AWARD OF ARBITRATOR	CASE NUMBER: _____

The undersigned arbitrator, having been duly sworn and having heard the cause on _____, 20____, and having considered the evidence of the parties, award in full and final settlement of all claims submitted to arbitration under California Rules of Court, Title 5, New Division III, Rule 1615 as follows:

- Plaintiff(s):(name) _____ shall recover from
- Deft / XDeft (name)** _____ **Amount \$** _____
- Deft / XDeft (name)** _____ **Amount \$** _____
- Deft / XDeft (name)** _____ **Amount \$** _____

as damages.

- The Plaintiff's claim is denied. Defendant(s) is/are awarded costs.
- Costs in the amount of \$ _____ are awarded to: _____

For statistical purposes, please indicate the total amount of time spent on this case (Including preparation time): _____.

Date: _____ Arbitrator: _____

Print Name: _____

CASE NAME:	CASE NUMBER
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PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

I am employed in the County of _____. I am over the age of 18 and am not a party to the within action; my business address is: _____

On _____, I served the foregoing document(s) described as:

AWARD OF ARBITRATOR

on interested parties in this action by placing true copies thereof enclosed in a sealed envelope as follows:

_____	_____
_____	_____
_____	_____
_____	_____
Counsel or Self- Represented Litigant	Counsel or Self- Represented Litigant

() **SEE ATTACHED SERVICE LIST**

() **(By U.S. Mail)** I am readily familiar with my employer’s business practice for collection and processing of correspondence for mailing with the United States Postal Service. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter is more than one day after date of deposit for mailing in affidavit. I deposited such envelope(s) with postage thereon fully prepaid to be placed in the United States Mail at Martinez, California.

() **(By Personal Service)** I delivered by hand on the interested parties in this action by placing true and correct copies thereof in an envelope addressed to the office of the addressee(s) as above indicated.

() **(By Facsimile)** I served a true and correct copy by facsimile pursuant to C.C.P. 1013(e), calling for agreement and written confirmation of that agreement or court order, to the number(s) listed above or on an attached sheet. Said transmission was reported complete and without error.

() **(By Express Service)** I served a true and correct copy enclosed in a sealed package, for collection and for delivery marked for collection and for delivery marked for next day delivery in the ordinary course of business, addressed to the office of the addressee(s) as above indicated.

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

Executed on _____ at _____

By: _____

Name (printed) _____