



SUPERIOR COURT OF CALIFORNIA
County of Sacramento
720 Ninth Street, Room 102
Sacramento, CA 95814-1380
(916) 874-5522—Website www.saccourt.ca.gov

For Court Use Only

Arbitrator (Name and Address):

Telephone No.:
 E-Mail Address:

Fax No.:

Plaintiff:

Defendant:

Case Number:

Award of Arbitrator

The undersigned Arbitrator, having been duly sworn and having heard the cause and the matter being deemed submitted on _____, awards in full and final settlement of all claims submitted to Arbitration as follow: (Check appropriate box)

- Plaintiff(s) shall recover from defendant(s) as damages the sum of _____**
- Cross-complainant(s) shall recover from cross-defendants(s) the sum of _____**
- Plaintiff(s) claim denied.**
- Cross-complainant(s) claim denied.**
- Costs are awarded to _____ per cost bill.**
- Each side to bear own costs.**

Arbitrator's Comments:

Dated: _____ Arbitrator: _____



Plaintiff:	Case Number:
Defendant:	

Proof of Service

I am a citizen of the United States and a resident of the County of Sacramento.

I am over the age of eighteen years and not a party in the above-entitled action; my business address is:

On the below date I served the Award of Arbitrator on the parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States Post Office mail box at _____, California, addressed as follows:

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

Executed on _____ at _____, California.

By: _____