

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: 191 North First Street MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, CA 95113 BRANCH NAME: Downtown Courthouse – Civil Division	<i>FOR COURT USE ONLY</i>
PLAINTIFF:	
DEFENDANT:	
AWARD OF ARBITRATOR	CASE NUMBER:

Name of Arbitrator: _____

The undersigned, designated Attorney Arbitrator, having heard the case on *(date)* _____, makes the following award:

Plaintiff(s) _____
 Shall recover from the defendant(s) _____
 _____ the sum of \$ _____.

The claim(s) of plaintiff(s) _____
 _____ is/are denied as to defendant(s) _____.

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

The claim(s) of cross-complainant(s) _____
 _____ is/are denied as to cross-defendant(s) _____.

Statutory costs are awarded to _____

Other: _____

Date: _____

 Arbitrator's Signature

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA COURT ADDRESS: 191 North First Street MAILING ADDRESS 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Downtown Courthouse	<i>FOR COURT USE ONLY</i>
PLAINTIFF:	
DEFENDANT:	
PROOF OF SERVICE PERSONAL SERVICE - FIRST CLASS MAIL	CASE NUMBER:

I served a signed copy of the award of arbitration on the following persons:

Date of Service: _____

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

Executed on _____ at _____

Arbitrator: _____