

SCHEDULE OF FEES AND COSTS
October 2019

Copies of this form will be provided to the parties in the OIA system. You may attach additional information as necessary.

ARBITRATOR'S NAME _____

1. FEES FOR YOUR SERVICES

a. Hourly fees: _____ per hour

b. Daily fees: _____ per day

2. TRAVEL COSTS

I am willing to travel to the following counties **for free - - that is, without charging for travel time or travel expenses.** Check all that apply:

Northern California: Alameda County___ Contra Costa County___ Marin County___
San Francisco County___ San Mateo County___ Sonoma County___ Napa County___
Solano County___ Sacramento County___ Yolo County___ San Joaquin County___
Santa Clara County___ Stanislaus County___ Placer County___ Fresno County___

Southern California: Kern County___ Ventura County___ Los Angeles County___
Orange County___ San Bernardino County___ Riverside County___

San Diego: San Diego County ___ Imperial County ___

For the counties I have not checked above, I charge the following for travel time and expenses (hotel, mileage, meals, etc.):

3. POSTPONEMENT AND CANCELLATION COSTS

a. Do you charge for any postponed or canceled proceedings (conference, telephone call, meeting, hearing, etc.) during the course of an arbitration? Yes ___ No ___
If yes, what are the terms and charges? _____

b. Do you charge a cancellation fee if a case settles, or is withdrawn before the hearing date? Yes ___ No ___ If yes, describe the terms and charges. _____

c. Describe any requirements you have regarding the timing of payments (such as advance deposits, forfeiture provisions, etc.) _____

4. Can you provide space for any or all of the arbitration proceedings? Yes ___ No ___
If yes, set forth the location of the space and any applicable charges. _____

5. Set forth any other fees, terms or conditions you require in the event that you are selected to serve as a neutral arbitrator for an arbitration administered by the OIA. Attach a copy of any forms, stipulations or other agreements that you require the parties to sign in order for you to serve as a neutral arbitrator in any such matter. _____

6. I understand that the fee schedule sent to the parties by the OIA will remain in effect for the entire time that their case is before me. I also understand that I am required to travel within the geographical region(s) in which I serve. I affirm that this fee schedule and all attachments are true and correct.

Signature

Date