SCHEDULE OF FEES AND COSTS

October 2024

Copies of this form will be provided to the parties in the OIA's arbitration 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		VEL COSTS
	a.	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 I	Francisco County San Mateo County Sonoma County Napa County
	Solar	no County Sacramento County Yolo County San Joaquin County
	Santa	Clara County Stanislaus County Placer County Fresno County
		hern California: Kern County Ventura County Los Angeles County ge County San Bernardino County Riverside County
	San 1	<u>Diego</u> : San Diego County Imperial County
	b.	For the counties I have <u>NOT</u> checked above, I charge the following for travel
		time and expenses (hotel, mileage, meals, etc.):

3. POSTPONEMENT AND CANCELLATION COSTS Do you charge for any postponed or canceled proceedings (conference, telephone a. 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 b. Do you charge a cancellation fee if a case settles, or is withdrawn before the hearing date?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. Describe any requirements you have regarding the timing of payments (such as c. advance deposits, forfeiture provisions, etc.) Can you provide space for any or all of the arbitration proceedings? Yes _____ No____ 4. 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.

Date

Signature