

<b>For Office Use:</b>	
Name: _____	
<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Office / Reside / Practice
<input type="checkbox"/>	5 Year Experience
<input type="checkbox"/>	Mandatory Training:
<input type="checkbox"/>	Completed _____
<input type="checkbox"/>	Scheduled
<input type="checkbox"/>	Arbitration Commission Determination:
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

**IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF CLACKAMAS  
ARBITRATION COMMISSION**

**APPLICATION TO SERVE AS ARBITRATOR  
(RENEWAL APPLICATION AVAILABLE SEPARATELY)  
(PURSUANT TO ORS 36.400)**

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_  
Last
First
Middle Initial
Suffix

**E-mail Address:** \_\_\_\_\_  
(Mandatory)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Facsimile No:** \_\_\_\_\_

**OSB No:** \_\_\_\_\_

**Years of Practice: (Oregon)** \_\_\_\_\_ **(Outside Oregon)** \_\_\_\_\_  
**(Clackamas County)** \_\_\_\_\_ *(3 year minimum required)*

**Check All That Apply to You:**

- Clackamas County Office
- Clackamas County Practice
- Clackamas County Residence

**Application to Serve as Arbitrator in Court’s Mandatory Arbitration Program**

**EMPLOYMENT & EXPERIENCE**

**Current Law Firm / Place of Employment:**

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**Prior Law Firms / Places of Employment: (Last 6 Years)**

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**Current Principal Areas of Practice:**

**1.**

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**2.**

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**3.**

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**Training and Experience**

Describe your trial experience over the last five years:

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Describe your experience with arbitration over the past five years:

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Describe any additional experience or training that qualifies you to be an arbitrator:

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## MANDATORY TRAINING

All arbitrators appointed to serve as an arbitrator in Clackamas County shall complete ongoing training of at least two (2) hours every two (2) calendar years to remain qualified.

The Clackamas County Mandatory Arbitration Training is an overview of the statutes, applicable rules, case law, and ethical considerations for arbitrators in court-annexed arbitration described in ORS 36.400 to 36.425. The Clackamas County Arbitration Commission (CCAC) will hold full two hour training sessions from time to time, and will ensure a video and audio recording of the training is available in the Clackamas County Law Library. Also, the CCAC will hold one hour refresher training sessions annually at the Clackamas County Bar Association CLE on court procedures. These training sessions will be open to attorneys and their staff.

All new arbitrators must complete the required two hour training session in order to qualify for appointment as a Clackamas County Court Mandated Arbitrator.

The Commission Chair, or designee, may waive, defer or extend the time for compliance with this Rule, upon application of the arbitrator for a substantial and compelling reason. Any arbitrator who fails to comply with these requirements who has not obtained a waiver, extension or deferral from the Commission Chair or designee, may be denied approval as an arbitrator or removed from Clackamas County's list of approved arbitrators. (Please note: the Clackamas County Mandatory Arbitration Training will contain information that is different than other counties and therefore all arbitrators must attend or view the training presented by the Clackamas County Arbitration Commission.)

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## MANDATORY TRAINING CERTIFICATION

I certify that I have completed the Clackamas County Mandatory Arbitration Training in the following manner:

- I attended the live Clackamas County Training CLE(s) on \_\_\_\_\_.  
(Fill in date(s).)
- I viewed the Clackamas County Training CLE via video on \_\_\_\_\_.  
(Fill in date(s).)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

**OATH OF ARBITRATOR**

(Please Initial:)

\_\_\_\_\_ I certify that I have reviewed the Oregon Revised Statutes, Uniform Trial Court Rules, Supplemental Local Rules for Clackamas County, and the Code of Judicial Conduct relating to arbitrators and arbitration, and will comply with them fully if selected.

\_\_\_\_\_ I certify that I am a member in good standing of the Oregon State Bar, and have been admitted to a State Bar for a minimum of five (5) years, or I am a retired or senior judge.

\_\_\_\_\_ I understand the compensation of arbitrators is set at a rate of \$125 per hour, not to exceed \$1,000 except upon a showing of extraordinary conditions and approval of the Arbitration Commission Chair or designee.

\_\_\_\_\_ I understand that all arbitrations over which I preside will be held in Clackamas County unless all parties voluntarily agree to arbitrate elsewhere.

\_\_\_\_\_ I certify that I have attended the mandatory arbitration training as required and am returning the Mandatory Training Certification located on page four (4) of this application.

\_\_\_\_\_ I solemnly affirm that I will faithfully hear and examine the matters in controversy assigned to me by the court, and that I will make a just award to the best of my understanding. I understand that I will, in my role as arbitrator, abide by and be bound to all applicable Canons of Judicial Ethics prescribed by the Oregon Code of Judicial Conduct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature of Witness

Submit to: Arbitration Clerk  
Clackamas County Circuit Court  
807 Main Street; Rm. 301  
Oregon City, OR 97045  
**(Only Originals Accepted.)**

\_\_\_\_\_  
Witness Name (Print)

APPROVED

DENIED

Date: \_\_\_\_\_

\_\_\_\_\_  
Circuit Court Judge

Chair, Clackamas County Arbitration Commission

**Application to Serve as Arbitrator in Court's Mandatory Arbitration Program**