Arbitrator Application

PLEASE TYPE OR PRINT LEGIBLY

Name: _____
Last First Middle Initial

Principal Place of Business: _____
Street City Zip County

Telephone Number: _____ E-mail address: _____Bar Number: _____

Number of Years of Bar Membership:_____ Law Firm:_____

How many cases have you been assigned as an arbitrator? _____

How many cases have you decided as an arbitrator or judge? _____

Have you acted as an arbitrator for any other arbitration service? If so, please give contact name and address: _____
_____

I would like to be on the following arbitration panel(s) (list percentage of current practice for each area checked):

____ Domestic Relations _____ %

____ Personal Injury _____ %
If you practice personal injury law, do you primarily represent: ____ plaintiff or ____ defense.

____ Commercial/Real Property _____ %

How many cases have you tried to completion either in Court or arbitration, in the area(s) you checked above? (Please specify case types and numbers of each case type):
_____
_____ _____

Please attach at least three letters of recommendation.
I certify the above information is true and correct. By signing this application, I hereby authorize the Marion County Circuit Court to check with the Oregon State Bar to determine the status of any complaints that have been filed against me.

Date: _____ Signature: _____

Please return the completed application to the Arbitration Coordinator, Marion County Circuit Court, P.O. Box 12869, Salem, OR 97309.