

ARBITRATOR INFORMATION SHEET AND OATH

Name: _____ Telephone: _____

Email Address: _____ Website: _____

List attorneys in your firm/practice: _____

Social Security or Tax I.D. Number: _____

Address: _____

Information Regarding Practice

Date admitted to practice in Washington: _____ WSBA No.: _____

Number of years in active practice: _____

Major areas of practice: _____

Please list any professional organizations to which you currently are a member, including but not limited to membership in other state bar associations: _____

Trial and arbitration experience within the last five (5) years, by Category (estimate number of trials actually tried or arbitration hearings actually heard).

<u>Category</u>	<u>Trials</u>	<u>Arbitrations</u>
Collection	_____	_____
Commercial	_____	_____
Construction	_____	_____
Contract	_____	_____
Real Estate	_____	_____
Family Law	_____	_____
Personal Injury	_____	_____
Other: _____		

Type of cases which you will not accept: _____

Have you served as an Arbitrator during the last five (5) years? _____

If yes, how many times? _____

If you have not previously served as an Arbitrator at least five (5) times, have you completed continuing legal education credits as required by RCW 7.06.040(2)? _____

(see Declaration below).

Please provide information and documentation regarding any pending or sustained bar association discipline actions including but not limited to, date of discipline, nature of the discipline and resolution or outcome: _____

DECLARATION

I, _____, hereby declare that:

_____ I have completed a minimum of three (3) Washington State Bar Association approved continuing legal education credits on the professional and ethical consideration for serving as an arbitrator, as required by RCW 7.06.040(2)(a), or

_____ I have previously served as Arbitrator at least five (5) times and request the Superior Court Judges waive the requirement as permitted in RCW 7.06.040(2)(b).

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

Signed

Oath of Arbitrator

STATE OF WASHINGTON)
) ss.
COUNTY OF _____)

I, _____, being first duly sworn, upon my oath, do affirm that I will support the Constitution of the United States and the Constitution of the State of Washington and that I will discharge the duties of arbitrator of the Superior Court of the State of Washington, to the best of my ability.

Signed

Subscribed and sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC in and for the
State of Washington,
Residing at: _____
My commission expires: _____