

APPLICATION FOR APPOINTMENT AS MEDIATOR

1.

Name

Office Address

Office Phone

E-Mail Address

Firm Affiliation

2.

Year admitted to practice before:

A. Pennsylvania Supreme Court _____

B. United States District Court Western District of Pennsylvania _____

3.

Date admitted to practice before the highest court of a state other than Pennsylvania or the District of Columbia.

Court

Date of Admission

4.

Set forth briefly in chronological order, with dates, the nature of your practice since admission to the Bar.

5.

For the past three (3) years, list the types of substantive law you have practiced and the percentage of your practice that each type comprises.

Type of Law

% of Practice

Type of Law

% of Practice

Type of Law

% of Practice

Type of Law

% of Practice

ECBA File # _____

13. In the event you are accepted as a mediator, would you be willing on occasion to serve on “short notice” in situations where the mediator originally scheduled to serve is not available?

Yes No

14. Have you had alternative dispute resolution training?

Yes No

If yes, describe the course, where and when it was given, and by whom.

15. If you are accepted as a mediator, you must have alternative dispute resolution training. Do you agree to take the approved ECBA training course or provide the required waiver.

Yes No

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
