

Snohomish County Superior Court

ARBITRATOR APPLICATION AND OATH

NAME _____ TELEPHONE _____

FIRM _____ FAX NUMBER _____

ADDRESS _____ EMAIL _____

CITY _____ WA STATE BAR# _____

STATE/ZIP _____ YEARS IN PRACTICE _____

Have you attended the *Mandatory Arbitration training or viewed the video presentation?

**This training is mandatory only if you have ruled on less than five Snohomish County arbitration hearings. If that requirement applies to you and you answer "NO" to having attended the training or viewed the presentation, you will not be appointed to any cases until you fulfill that requirement.*

YES (Date Completed/Viewed _____) NO N/A (I have ruled on more than five Snohomish County arbitrations)

DATE _____

Trial Experience and Percentage of Practice By Category for the Past 5 Years

Mark "X" if willing to Arbitrate	Type of Case	% of Practice	# of Trials	# of Times Served as Arbitrator	Comments	Court Approved
	TORT; includes Personal Injury, Property Damage; Medical Malpractice	%				
	Breach of Contract; Real Estate; Estate; Commercial & Unlawful Detainer	%				
	Collections	%				
	Family Law; Support Modifications; Paternity	%				

1. Specialty Area of Practice, if any: _____

2. List type(s) of cases which will not be accepted: _____

3. Are you currently on a Mandatory Arbitration panel (as an Arbitrator) in the State of Washington?
Yes _____; No _____. If yes, state County: _____

4. List Bar Association and Professional Association Memberships: _____

5. Are you currently serving as a pro tem judge/commissioner in the State of Washington? Yes _____;
No _____. If yes, indicate in which counties you pro tem and what types of cases you preside over:

6. List any other information or experience you request be taken into consideration when parties
choose an arbitrator: _____

7. Do you have a criminal record as defined by RCW 9.94A.030? Yes _____; No _____. If yes,
provide a statement of your criminal history, including State and County of criminal record, charges and
case numbers: _____

8. Do you carry professional liability Insurance? Yes _____; No _____. If yes, list the extent of
liability coverage in force covering any errors, omissions and acts of professional negligence, name of
company and policy number: _____

9. Are you now or have you ever been a party in a civil lawsuit? If so, list the State and County of
filing, type of matter, and case number: _____

10. Have you ever been the subject of professional discipline of any type by the W.S.B.A. or other Bar Association or other professional regulatory body or agency? Yes _____; No _____. If yes, please list specific charges/complaints and status or outcome below: _____

11. Other: _____

Please attach a copy of your WSBA card. Also check the box if attached:

- Curriculum vitae;
- Completed W-9; (Please only submit if you are a NEW applicant)
- Other _____

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature

Print Name

OATH OF ARBITRATOR

I, _____, being first duly sworn, upon my oath do affirm that 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 pursuant to the laws and rules applicable to arbitrations, to the best of my ability.

(signature)

Printed Name & Bar Number

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____.

Notary Public in and for the State of
Washington, residing at _____.
My Commissioner Expires: _____

Court Use Only

<p>Approved: _____ (date)</p> <p>By: _____</p>
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<p>Denied: _____ (date)</p> <p>By: _____</p> <p>Reason: _____</p>
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