UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF WASHINGTON

APPLICATION FOR APPOINTMENT TO BANKRUPTCY MEDIATION PANEL OF THE UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF WASHINGTON

- Notes: (1) Each application must be accompanied by a separate biographical statement of no more than three hundred (300) words in length. An application which does not include such a statement will not be considered.

 (2) If additional space is needed to respond to any item on this application, attach a separate
 - (3) This application may be used by lawyers, Rule 9 legal interns and non-lawyers.

| Office Address: | /0: | | | | | |
|-----------------|------------------------------------|--------------------|------------|--|--|--|
| | (Street) | | | | | |
| | (City) | (State) | (Zip Code) | | | |
| Office Phone: | | Office Fax: | | | | |
| E-Mail Address: | | | | | | |
| | | | | | | |
| . ATTORNE | ATTORNEY APPLICANTS | | | | | |
| | | | | | | |
| | | Dates of Admission | Bar Number | | | |
| Washington | State Bar: | Dates of Admission | Bar Number | | | |
| _ | State Bar: trict of Washington: | | Bar Number | | | |
| Eastern Dist | | | Bar Number | | | |
| Eastern Dist | trict of Washington: | | Bar Number | | | |

III.

5.

List any publications.

II. NON-ATTORNEY APPLICANTS

1. List three matters in which you have resolved disputed issues in a mediation or other alternative dispute resolution format:

Matter Description Capacity Description Dates a. b. c. 2. List any professional organization on which you are an active member, the length of your membership and any positions held and/or projects completed. 3. List any professional licenses you hold and include dates of admission. 4. List any relevant bankruptcy experience. **ALL APPLICANTS** 1. List any state mediation, federal mediation or other alternate dispute resolution training that you have completed which has been qualified as continuing professional education credit or which has been approved by a court of competent jurisdiction. 2. List any state mediation, federal mediation or other alternate dispute resolution program(s) in which you have participated and indicate in what capacity you have participated in such program(s), e.g., as mediator, counsel for a party in mediation, etc. 3. List any relevant experience, skills, or other information which you would like considered in connection with this application. 4. List any honors.

| | 6. | List speaking engagen | nents, panel/seminar p | articipation, teach | ing experience, etc. | | |
|-----|---|---|---|--|--|--|--|
| | 7. Check the county(ies) in which you are <u>not willing</u> and <u>not available</u> to mediation conferences: | | | | | | |
| | | Adams Columbia Garfield Lincoln Stevens | Asotin Douglas Grant Okanogan Walla Walla | Benton Ferry Kittitas Pend Oreille Whitman | Chelan Franklin Klickitat Spokane Yakima | | |
| IV. | CERT | TIFICATION | | | | | |
| | | I am applying for appointment as an attorney mediator. I certify that I have been member in good standing of the bar of any state or the District of Columbia for at three (3) years. I have either served as the principal attorney of record in a combination of at least five (5) bankruptcy cases or adversary proceedings from commencement conclusion, or I have completed adequate mediation training or have experience otherwise qualifies me for appointment as a mediator. I agree to serve as a mediator at least a two-year term of appointment, and I agree to mediate at least one probability of the property | | | | | |
| | | ertify that I am a member tor for at least a two-year bono matter per year. I | | | | | |
| | | I am applying for appointment as a Rule 9 legal intern mediator. I certify that I am admitted to limited practice under rule 9 of the Admission to Practice Rules for the State of Washington. I agree to serve as a mediator for at least a two-year term of appointment, and I agree to mediate at least one pro bono matter per year. I further certify that the foregoing is true and correct. | | | | | |
| | the pa | I consent to disclosure of the information contained in this Application to court personnel and to the parties and their representatives whose matters have been referred to the Bankruptcy Mediation Program. | | | | | |
| | DATE | ED: | SIGNATUF | RE | | | |