SPOKANE COUNTY SUPERIOR COURT CIVIL ARBITRATION PROGRAM

Superior Court Administrator's Office, 1116 W Broadway, Spokane WA 99260-0350

NAME	ARBITRATOR APPLIC TELEPHONE			
FIRM	RMFAX NUMBER			
ADDRESS	EMAIL ADDRESS			
CITY WA STATE BAR #				
STATE, ZIP	IN PRAC	TICE	YEARS	
arbitration limit to \$10 years with the Washing Association approved an arbitrator.	MENDED AND APPROVED BY THE 10,000. Minimum requirements for thougton State Bar Association and a minimum continuing legal education credits on the state of the s	se applying to be num of three con he professional	be an Arbitrator are: a minimum of redits of Washington State Bar and ethical consideration for ser	of 5
Major Areas of P	ractice:	<u>%</u>	of practice	
Commercial/Contr	racts			
Construction Tort/Personal Injur				
Real Estate				
Family Law				
	rily consists of PlaintiffI	Defense		
	•			
Type of case assign	nment vou will not take			
Estimated number	nment you will not take of arbitration hearings you have	attended	you have conducte	ed
Alternative Disput	e Resolution Training?	Yes	No	
Will you act as a m	nentor for new applicants?	Yes	No	
Do you want to be	matched with a mentor?	Yes	No	
	OATH OF ARE	BITRATOR		
Constitution of the	, do swear, upon les, that I am in compliance with United State and the Constitutions of Arbitrator for Superior Court	on of the Stat	te of Washington and that I	will
Dated:	Signed:			
	Appli	cant		
Dated:	Signed:			
	Presid	ling Judge		