

**SPOKANE COUNTY SUPERIOR COURT
MANDATORY ARBITRATION PROGRAM**

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

ARBITRATOR APPLICATION AND OATH

NAME _____	TELEPHONE _____
FIRM _____	FAX NUMBER _____
ADDRESS _____	E-MAIL ADDRESS _____
CITY _____	WA STATE BAR # _____
ST / ZIP _____	IN PRACTICE _____ YEARS

RCW 7.06.020, as amended and approved by the Spokane County Superior Court Judges, raises the mandatory arbitration limit to \$100,000. Minimum requirements for those applying to be an Arbitrator are: a minimum of 5 years with the Washington State Bar Association and a minimum of three credits of Washington State Bar Association approved continuing legal education credits on the professional and ethical consideration for serving as an arbitrator.

Major Areas of Practice

% of practice

Commercial/Contracts	<input type="checkbox"/>	_____
Construction	<input type="checkbox"/>	_____
Tort/Personal Injury	<input type="checkbox"/>	_____
Real Estate	<input type="checkbox"/>	_____
Family Law	<input type="checkbox"/>	_____

Other areas of experience: _____.

Type of case assignment you will not take _____.

Estimated number of arbitration hearings you've attended _____; you've conducted _____.

Alternative Dispute Resolution Training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you act as a mentor for new applicants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you want to be matched with a mentor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



OATH OF ARBITRATOR

I, _____, do swear, upon my oath I have reviewed the MAR and LMAR
Print name

Court rules, that I am in compliance with RCW 7.06.040 and 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 for Superior Court of the State of Washington to the best of my ability.

Date: _____
Signature of Applicant

Date: _____
Presiding Judge