



MEDIATORS WORLDWIDE MEMBERSHIP APPLICATION

Answer each of the following questions completely:

I. Profile

Name:

Address:

Tel:

Cell:

Fax:

E-mail:

II. State Bar Admission, Membership, Affiliations, Convictions, Sanctions and Disciplines

Date admitted to the Bar:

Bar Number:

State:

Other state bar membership:

Active:

Inactive: _____ Date first inactive (if judge, date of resignation): _____

Membership and positions held in courts, state bar, ADR or professional panels, boards, agencies and associations:

Have you ever been convicted of a crime for the past 7 years? Yes [] No []

Felony [] Misdemeanor []

If yes, attach an explanation.

Have you ever been sanctioned by a court for \$1,000 or more for the past 7 years? Yes [] No []

If yes, attach an explanation.

Have you ever been disciplined by any court, bar association, federal or state administrative agency, or other professional group? Yes [] No []

If yes, attach an explanation.

III. Languages

What languages do you speak that you can use in the hearing if needed

IV. Membership with MWW

I am a member [] of MWW.

I am not a member [] of MWW.

I was a member previously []

V. Education: List College and Graduate schools attended, degrees and years received:

VI. Employment: Summary of your employment experience since bar admission within past seven years; name of the firm, name of company, telephone number, fax and person of contact:

VII. Legal Experience: Summary of your legal experience including but not limited to law practice, teaching in the past 7 years. Please also make the applicable boxes:

Plaintiff work [] % _____

Area of Law:

Defense work [] % _____

Area of Law:

Litigation work [] % _____

Area of Law;

Mediation work [] % _____

Area of Law;

Arbitration work [] % _____

Area of Law:

VIII. Neutral Experience: State the percentage of your current practice in the following roles in the past 7 years: The total should equal 100%

As a neutral arbitrator, judge, or hearing officer: _____%

As a defense party arbitrator: _____% As a plaintiff party arbitrator: _____%

As a defense attorney: _____% As a plaintiff attorney: _____%

As an expert: _____% As an (list other role) _____: _____%

What areas of law you are currently most active:

IX. Neutral Training: Summary of training as neutral in past seven years:

X. Other Relevant Experience:

XI. Expedited Hearing: Are you willing to hear matters, which require expedited hearing to be completed within five months or less of the date of date you are appointed?

Yes [] No []

XII. Pro Per: Are you willing to hear cases in which one or both parties are not represented by counsel and are pro per (self-represented)?

Yes [] No []

XIII. Work References: Provide references for your work for the past seven years:

Matter #1. Your role:

Case Name:

Case Number:

Plaintiff Counsel:

Defense Counsel:

Other Party:

Matter #2. Your role:

Case Name:

Case Number:

Plaintiff Counsel:

Defense Counsel:

Other Party:

Matter #3. Your role:

Case Name:

Case Number:

Plaintiff Counsel:

Defense Counsel:

Other Party:

Matter #4. Your role:

Case Name:

Case Number:

Plaintiff Counsel:

Defense Counsel:

Other Party:

Matter #5. Your role:

Case Name:

Case Number:

Plaintiff Counsel:

Defense Counsel:

Other Party:

XV. Insurance: Do you carry insurance that covers your activities as a neutral?

Yes [] No [] If yes, provide a copy of your insurance coverage.

If no, do you intend to obtain such insurance coverage before mediation, arbitrations administered? Yes [] No []

Affirmation: My signature on this form affirms that the foregoing statements and attached information are true and correct to the best of my knowledge. I understand that my misrepresentation, or any failure on my part to supply information requested by Mediators Worldwide may constitute a basis for my disqualification or withdrawal of my name as a neutral from this panel.

Signature

Date

CONSENT BY MEMBER

The information contained in my application for membership and any attachments thereto is true and accurate. In addition, I understand and consent to the following:

1. I will become a member of Mediators Worldwide (“MWW”) if my application is accepted. The MWW may include my name on list of neutrals from which, the claimant, general public, counsels, and MWW and its counsel may select neutral.
2. The application for membership does not guarantee that I will be accepted on the list unless I meet the requested qualifications. The MWW has complete discretion to make additions, changes, and elections to the composition of the list at any time.
3. Membership of MWW and being on the list of neutrals does not guarantee that I will be selected by the parties and/or counsels to serve as a neutral. I am also under no obligation to accept any selection.
4. The information contained in my application, resume and Bio will be disclosed to the parties by MWW and their counsels.
5. I will promptly notify that MWW if there are any material changes in the information provided in my application, resume and Bio. I will notify the MWW and the parties in any existing hearing of any change of address, telephone number, fax number and e-mail within five (5) candela days.
6. I am responsible for billing and collecting fees and expenses directly from the parties. The MWW has no liability to me for billing or payment.
7. The MWW has no liability to the parties, their counsels and claimants for any misconduct of any member.
8. I will charge parties and their attorneys the fees set by MWW only and will not change anything other than the fees of \$2,000 per half day, \$4,000 per full day. I will not charge administration fee in addition to the administration fee charged by MWW. I am entitle to charging cancellation fee as stated on the billing statement or the invoice provided by MWW.
9. I will use only the material and letter head provided by MWW and contains the logo of MWW. By placing the logo of MWW on the letterhead and/or forms does not make MWW obligated or liable for any action.

10. The parties and their counsels have the right to hire me only through MWW website and facility. The parties and their counsels also have the right to disqualify me if they comply with applicable law/statutes.

Print Your Full Legal Name: _____

Date: _____

BY: _____

Signature