

# ARBITRATOR INFORMATION SHEET AND OATH

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE ADMITTED TO PRACTICE IN WASHINGTON: \_\_\_\_\_

DATE ADMITTED IN OTHER JURISDICTION: \_\_\_\_\_

WSBA NUMBER: \_\_\_\_\_ NUMBER OF YEARS IN ACTIVE PRACTICE: \_\_\_\_\_

MAJOR AREAS OF PRACTICE: \_\_\_\_\_

LITIGATION EXPERIENCE WITHIN THE LAST FIVE YEARS BY CATEGORY (estimate number of trials, arbitrations and/or mediations):

COL Commercial/Contract	_____	DIS Family Law	_____
COM Real Estate	_____	PIN Personal Injury	_____
CONS Construction	_____	OTHER	_____

TYPE(s) OF CASES WHICH WILL BE ACCEPTED: \_\_\_\_\_

HAVE YOU SERVED AS AN ARBITRATOR DURING THE LAST TWO YEARS?

YES \_\_\_ NO \_\_\_ NUMBER OF ARBITRATIONS: \_\_\_\_\_

**THE ARBITRATION HEARING SHALL BE HEARD IN PIERCE COUNTY.**

## OATH OF ARBITRATOR

I, \_\_\_\_\_, being first duly sworn, upon my oath do affirm, 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, to the best of my ability.

Subscribed and sworn to before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of Washington, residing  
at \_\_\_\_\_

Commission Expires: \_\_\_\_\_