

**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 7.06.040 requires a minimum of 5 years with the Washington State Bar to be an arbitrator for the court.

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: _____.

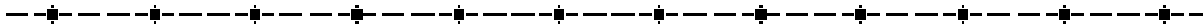
Type of case assignment you will not take _____.

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

Alternative Dispute Resolution Training? Yes No

Will you act as a mentor for new applicants? Yes No

Do you want to be matched with a mentor? Yes No



OATH OF ARBITRATOR

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

Court rules, 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 Linda G. Tompkins