

ARBITRATOR INFORMATION SHEET AND OATH

Name:

Bar Number:

Year Admitted into WSBA Bar:

Other jurisdiction:

Number of years in active practice:

Major Areas of Practice:

Have you completed 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 RCW 7.06.040(2)(a)

YES _____ Date Completed _____ NO _____ N/A _____ more than 5 cases

Contact Information:

Firm Name:

Email:

Address:

Phone Number:

Fax Number:

LITIGATION EXPERIENCE WITHIN THE LAST FIVE YEARS BY CATEGORY (estimate number of trials, arbitrations and/or mediations). Choose the type of cases you will accept.

Case Categories	Number of Trials	Number of Arbitrations	Number of Mediations	Accept Arbitrations
Collection				
Commercial				
Construction/Real Estate				
Family Law				
Medical Malpractice				
Other Malpractice				
Personal Injury				
Property Damage				
Tort Motor Vehicle				
Tort Other				
Other				

Have you served as an arbitrator during the last two years? Yes _____ No _____

Number of Arbitrations: _____

OATH OF ARBITRATOR

I, _____, being first duly sworn, upon 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.

I certify or declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed: _____

Date: _____

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

Notary Public in and for the State of Washington,

Residing at _____

Commission Expires: _____