# ARBITRATOR APPLICATION FOR

**THE NINTH JUDICIAL CIRCUIT**

Instructions: This application must be filled out in its entirety if you wish to be considered for inclusion on the list of qualified arbitrators for the Ninth Judicial Circuit. Please print legibly or type. A copy of your Training Certificate and, if applicable, a copy of your Florida Bar Card must be included with your application. Please attach a copy of your current resume or curriculum vitae and a statement as to any experience as an arbitrator. You must return the application with supporting documentation to:

## Court Mediation and Arbitration Program Orange County Courthouse, Room 120

425 North Orange Avenue

## Orlando, Florida 32801

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| Full Legal Name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Principle Business Address  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Business Address in Orange or Osceola County, Florida to conduct arbitration hearings  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Business Phone:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Business Fax:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Email Address:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Member of The Florida Bar Yes No

Have you completed Florida Supreme Court approved Arbitration Training? Yes No

Please check all types of cases for which you are seeking appointment:

 Consumer Personal Injury

 Contract Products Liability

 Eminent Domain Property Damage

 Employment
 Real Property/Mortgage Foreclosure

 Malpractice Other (please indicate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PIP

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Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed