

**Arbitrator’s Biographical Information Form**

Name:

Address:

Phone No.:

Fax No.:

E-mail address:

Arbitrator’s Firm Name:

Legal Association Memberships:

WA Bar Admission Year:

Trial Experience within last 5 Years

Percentage of Practice by Category:

Collection/Contract \_\_\_\_\_

\_\_\_\_\_

Other Commercial \_\_\_\_\_

\_\_\_\_\_

Personal Injury/Tort \_\_\_\_\_

\_\_\_\_\_

Real Property/Land Use \_\_\_\_\_

\_\_\_\_\_

Areas of Specialization in Your Practice: (Please check those that apply)

Bankruptcy		Consumer Protection	
Class action		Employment/Labor	
Contract		Legal Malpractice	
Insurance		Administrative law	
Admiralty		Constitutional law	
Construction		Trusts/Estates	
Insurance		Elder Law/Guardianship	
Intellectual Property		Animal law	
Corporations/Business Organizations		Tort - Motor Vehicle	
Foreclosure		Product Liability	
Securities		Landlord/tenant	
Tax		Real Property/Land use	

No. of Times Arbitrator has served as:

Arbitrator \_\_\_\_\_

Judge Pro Tem \_\_\_\_\_

Magistrate \_\_\_\_\_

Administrative Law Judge \_\_\_\_\_

Hearing Officer \_\_\_\_\_

**OATH OF ARBITRATOR (New applicants only.)**

I, \_\_\_\_\_ being first duly sworn, upon my oath do affirm, that I will support the Constitution of the United States and the duties of arbitrator of the Superior Court of the State of Washington to the best of my abilities. \_\_\_\_\_

Signature of applicant

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

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

My commission expires \_\_\_\_\_.

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