



# ARBITRATOR APPLICATION

Please review the "Cincinnati Bar Alternative Dispute Resolution (CBADR) Arbitration Rules" before completing this application. Arbitration rules can be found at [cincybar.org/adr](http://cincybar.org/adr).

The CBADR Service Committee shall consider the following criteria when approving applicants for inclusion on the panel:

1. Applicant must be licensed, active and in good standing and have been admitted to practice law in a state for at least 10 years.\*
2. Applicant must be a current member in good standing of the Cincinnati Bar Association.\*
3. Applicant's awards and/or honors, experience and/or training, etc. in the alternative dispute resolution field.
4. Applicant's professional reputation and references.
5. At least two professional references.\*

*\*Mandatory*

The number of arbitrators on the CBADR Arbitrator panel is limited. As a result, not all qualified applicants will be accepted. CBADR will exercise sole discretion in panel selection and may consider factors such as balancing the panel for practice type and size.

Any individual interested in being considered to serve as an arbitrator for the Cincinnati Bar Alternative Dispute Resolution Services shall be required to submit the following application to CBADR, Cincinnati Bar Association, 225 East Sixth Street, Second Floor, Cincinnati, OH 45202-3209.

Name \_\_\_\_\_

My information with the CBA is current. If not, please update below.

Firm/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Please list your educational background starting with the most recent:

Name of School \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Name of School \_\_\_\_\_ Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Please list any state(s) in which you are currently and actively licensed to practice law.

State \_\_\_\_\_ Year Admitted \_\_\_\_\_

State \_\_\_\_\_ Year Admitted \_\_\_\_\_

State \_\_\_\_\_ Year Admitted \_\_\_\_\_

Please list any professional affiliations. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I would be interested in expedited arbitrations (Arbitrator fee shall not exceed \$10,000 and award issued within three months after appointment, for full list of rules refer to the CBADR Expedited Arbitration Rules).
- I would be interested in Documents Only Arbitration where a hearing is not necessary (See Rule 7 of the CBADR Expedited Arbitration Rules for more information)
- I would be interested in Employment Arbitration (Please see CBADR Supplemental Employment Case Protocols)

What is your current rate for arbitrations? \_\_\_\_\_

What is your policy regarding cancellation of arbitrations? \_\_\_\_\_

Approximately how many arbitrations have you conducted? \_\_\_\_\_

Approximately how many arbitrations have you participated in as an advocate? \_\_\_\_\_

Please describe the training and experience you have had that qualifies you to serve as an arbitrator. (Please attach additional pages if necessary.) \_\_\_\_\_

Please state the areas of practice in which you are qualified to serve as an arbitrator. \_\_\_\_\_

Have there been any disciplinary actions taken against you since you were first admitted to practice in any jurisdiction? If yes, please describe. \_\_\_\_\_

Please initial before each of the following stating your agreement:

- \_\_\_\_\_ You agree to pay the annual fee of \$100 required for inclusion in the CBADR roster of arbitrators if your application is accepted.
- \_\_\_\_\_ You agree that CBADR shall assess an administrative fee equal to 15% of your estimated arbitrator fees payable from estimated fees as fees are earned by the arbitrator.
- \_\_\_\_\_ You agree that you will advance your own out of pocket expenses (to be reimbursed by the parties).
- \_\_\_\_\_ You agree to complete any training that CBADR may reasonably require for inclusion on its roster of arbitrators, such as training concerning the Arbitration Rules of CBADR.
- \_\_\_\_\_ You agree that you will not receive payment from CBADR for any arbitration fees until CBADR receives payment from the parties and that CBADR shall have no independent liability for any of your fees or disbursements.
- \_\_\_\_\_ You are willing to serve as the Program Director from time to time, as that position is described in the Arbitration Procedures and Rules of CBADR, without compensation as requested by CBADR.
- \_\_\_\_\_ You have received and reviewed a copy of the "CBADR Arbitration Rules" and agree to abide by and support these rules and procedures.
- \_\_\_\_\_ You have professional liability insurance currently in force and have verified with your carrier that you are covered as an arbitrator.
- \_\_\_\_\_ You consent to evaluation after each claim/filing by all participating parties.
- \_\_\_\_\_ In the event your application is accepted by CBADR, you will be included on the roster of CBADR arbitrators for potential selection by parties. CBADR shall require that all information in the application be updated and verified on an annual basis.

By signing below you agree that the information included in this application and all attachments is correct to the best of your knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_