# ARBITRATOR INFORMATION SHEET AND OATH

NAME: _____ TELEPHONE: _____

FIRM: _____

ADDRESS: _____ EMAIL _____

_____ WEBSITE _____

Date admitted to practice in Washington: _____

WSBA Number: _____ Number of years in active practice: _____

Major areas of practice: _____

_____

_____

Trial and arbitration experience within the last 5 years, by category (*estimate number of trials actually tried or arbitration hearings actually heard*):

**COL** Commercial or Contract _____ **PIN** Personal Injury _____

**COM** Construction _____ **MISC** Real Estate _____

**DIS** Family Law _____ **OTHER** _____

Type(s) of cases which will be accepted: _____

_____

Have you served as an Arbitrator during the last five years? _____ Yes _____ No

If so, how many times: _____

If you have <u>not</u> previously served as an arbitrator at least five times, have you completed continuing legal education credits as required by RCW 7.06.040(2)? _____ (see attached Declaration).

***IMPORTANT: Please attach a resumé and a minimum of two references.***

**DECLARATION**

I, _____, hereby declare that:

_____ I have completed a minimum of three Washington State Bar Association approved continuing legal education credits on the professional and ethical consideration for serving as an arbitrator, as required by RCW 7.06.040(2)(a), *or*

_____ I have previously served as arbitrator at least five times and request the superior court judges waive the requirement as permitted in RCW 7.06.040(2)(b).

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

_____
Signed

STATE OF WASHINGTON )
) ss.
COUNTY OF _____ )

**OATH OF ARBITRATOR**

I, _____, being first duly sworn, upon my 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.

_____
Signed

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20___.

_____
NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON residing at _____.
My commission expires _____.