



Hearing Officer Questionnaire

Please fill out the following form with as much detail as possible, as well as **provide a copy of your most recent Curriculum Vitae**. **Denotes required field*

Name*:

Bench (if applicable):

Primary Email*:

Primary Telephone*:

Social Security Number*:

Federal Tax ID Number*:

Business Address

Address 1

Address 2

City

State

Zip

Phone

Fax

Email

Website URL

Personal Address

Address 1

Address 2

City

State

Zip

Phone

Fax

Email

Website URL



Hearing Officer Questionnaire

Primary Practice Area(s)

Select **up to 3 primary practice areas** where you have expertise*:

Note: Please do not select more than 3 areas of expertise.

Agricultural	Equipment Finance/Leasing	Oil & Gas
Antitrust & Trade Regulations	Food & Drugs/Pharmaceutical	Partnership Law
Appellate	Franchising	Patents/Copyright
Art Law	Government Contracts	Personal Injury
Atomic Energy	Health Law	Premises Liability
Attorney Malpractice	Hospitality	Privacy
Aviation & Aircraft	Insurance	Property/Land Law/Leasing
Banking & Finance	Intellectual Property	Public Law
Bankruptcy/Insolvency/Debt Recovery	International Commercial Law	Religious Institutions
Biotechnology	International Contracts	Securities/Financial
Bond/Surety	International Law	Sports Law
Business/Commercial/Corporate	International Trade Disputes	Taxation
Commodities	International Transactions	Technology & Science
Communications/Media	Investment Securities	Torts & Product Liability
Construction	Legal Ethics/Professional Liabilities	Tourism Industry
Consumer Law	Maritime Law	Trade Secrets
Education Law	Matrimonial	Transportation
Electronic Commerce	Medical Malpractice	Trusts & Estates
Employment Rights/Labor	Mergers & Acquisitions	Workers' Compensation
Entertainment & the Arts	Natural Resources	Other (fill in below):
Environmental Law	Negligence	

Secondary Practice Area(s)

Fill in 3 additional practice areas that you have experience in (if applicable):

Secondary Practice Area 1

Secondary Practice Area 2

Secondary Practice Area 3



Hearing Officer Questionnaire

Have you ever served as an Arbitrator*?

Yes

No

If yes, where?

With what company?

Have you ever served as a Mediator*?

Yes

No

If yes, where?

With what company?

Please provide a brief description of the type of cases you have arbitrated and/or mediated (ie: torts, product liability, employment, commercial etc. - see practice areas on previous page for additional case types), and the approximate number of each:

Brief description of case type:

Approx. # of cases

Do you have access to an office for hearings*?

Yes

No

If yes, please provide the address:

Address 1

Address 2

City

State

Zip



Hearing Officer Questionnaire

Have you received formal training in ADR*?

Yes

No

If yes, please list and/or attach a copy of certification.

Please list your Judicial/Legal Experience:

Please list your Professional Affiliations/Associations:



Hearing Officer Questionnaire

Education*:

School

Degree

Field of Study

From Year

To Year

Please provide the contact details of any person that you would like to recommend for our panel (if applicable):

Name

Address 1

Address 2

City

State

Zip

Phone

Fax

Email

Website URL

Please provide any additional information you would like to include below: