



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*:	
Federal Tax ID Number*:	

Business Address

Personal Address

Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
Email	
Website URL	

Address 1	
Address 2	
City	
State	
Zip	
Phone	
Fax	
Email	
Website URL	

Hearing Officer Questionnaire

Primary Practice Area(s)

Select all practice areas in which you have substantial experience*:

Secondary Practice Area(s)

Select any additional practice areas in which you have experience (if applicable):

Primary Secondary

Agriculture
 Antitrust & Trade Regulations
 Appellate Practice
 Art Law
 Attorney Malpractice/Legal Ethics
 Aviation & Aircraft
 Banking/Finance/Accounting
 Bankruptcy/Insolvency/Debt Recovery
 Biotechnology & Life Sciences
 Bond/Surety
 Business/Corporate/Partnership
 Civil Rights
 Class Action/Mass Filings
 Commercial
 Commodities
 Communications/Media/
 Telecommunication
 Construction
 Construction Defect
 Consumer Law
 Cryptocurrency
 Dental Malpractice
 Education Law/Title IX
 Electronic Commerce
 Employment Law
 - Affirmative Action
 - Age Discrimination
 - Civil Service
 - Collective Bargaining
 - Employee Agency Employment
 - Employee Discipline
 - Employee Privacy/Rights
 - Employment Civil Rights
 - Employment Contracts
 - Employment Discrimination
 - Employment Litigation
 - Equal Employment Opportunity
 Law
 - Executive Employment Law
 - Executive Severance Contracts
 - Executive Transfers
 - Fair Employment Practices

Primary Secondary

- Fair Labor Standards
 - Family & Medical Leave Act
 - Federal Employment Law
 - Harassment
 - International Employment Contracts
 - International Labor Law
 - Labor Antitrust
 - Labor Law/Labor Relations
 - Labor Strikes
 - National Labor Relations Act
 - Negligent Hiring
 - Outsourcing
 - Personnel Policies
 - Prevailing Wage Litigation
 - Retaliatory Discharge
 - Sexual Harassment
 - Title VII Discrimination
 - Unfair Labor Practices
 - Union Contract Negotiation
 - Union Labor Law
 - Wage & Hour Law
 - WARN Act
 - Whistleblower Litigation
 - Workplace Violence
 - Wrongful Termination
 Energy & Utilities
 Engineering
 Entertainment & the Arts
 Environmental Law
 Equipment Finance/Leasing
 Federal Law
 FINRA
 Food & Drug/Pharmaceutical/
 Medical Devices
 Franchise Law
 Governmental/Public Agency
 Healthcare Law
 Hospitality
 Insurance
 Intellectual Property/Patent/
 Copyright
 International Law
 Maritime & Admiralty Law

Primary Secondary

Mass Torts
 Mass/National Disaster Relief
 Matrimonial/Family Law
 Medical Malpractice
 Mergers & Acquisitions
 Natural Resources/Oil & Gas
 Negligence/Torts
 Personal Injury
 - Auto
 - Construction
 - General
 - Premises
 - Product Liability
 Privacy Law/Cybersecurity
 Professional Liability/Malpractice
 (Non-Medical)
 Property Damage
 Public Law
 Real Estate Law
 Real Property/Land Law/Leasing
 Religious Institutions
 Securities/Financial
 Sexual Abuse/Harassment
 Sports Law
 Taxation
 Technology
 Tourism Industry
 Toxic Torts
 Trade Secrets
 Transportation
 Trusts & Estates/Probate
 Workers' Compensation
 Other:



Hearing Officer Questionnaire

In what states are you admitted?*

Fluent Languages:



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: