



### Civil Dispute Resolution Program Application

Name  Daytime Phone   
 Address  Evening Phone   
 Date of

City State Zip Code

**Current Employment I Occupation:**

Position / Title:

PLEASE INDICATE THE PROGRAMS IN WHICH YOU WISH TO PARTICIPATE  
*(Please do not select a program for which you do not meet the qualifications)*

**ARBITRATION**                      **MEDIATION**                      **CASE EVALUATION**

**Legal Background & Experience**

Year Admitted to D.C. Bar: \_\_\_\_\_ Bar Number: \_\_\_\_\_  
 Year Admitted to Practice (if different): \_\_\_\_\_ Jurisdiction: \_\_\_\_\_  
 Number of civil trials completed: \_\_\_\_\_ Trials in D. C. Superior Court? \_\_\_\_\_

**AREAS OF SIGNIFICANT LEGAL EXPERIENCE (check all that apply):**

- |  |  |                            |
|--|--|----------------------------|
| <input type="checkbox"/> Administrative Law        | <input type="checkbox"/> Commercial Transactions | Mental Health              |
| <input type="checkbox"/> Automobile                | <input type="checkbox"/> Domestic Relations      | Personal Injury/Negligence |
| <input type="checkbox"/> Civil Rights              | <input type="checkbox"/> Employment              | Product Liability          |
| <input type="checkbox"/> Collection                | <input type="checkbox"/> Ethics                  | Probate                    |
| <input type="checkbox"/> Corporations/Partnerships | <input type="checkbox"/> Insurance               | Real Estate                |
| <input type="checkbox"/> Criminal                  | Legal Malpractice                                | Securities Law             |
| <input type="checkbox"/> Construction              | Landlord/Tenant                                  | Services Rendered          |
| Contracts (general)                                | Medical Malpractice                              | Tax                        |
|  |  | Torts (general)            |

It is our policy to accept volunteers based on qualifications and merit only, without regard to race, color, religion, sex, age, disabilities, national origin, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, source of income, or place of residence or business.

Please provide the following information: Sex: Female Male  
Race: African American Caucasian Hispanic Asian

Community Activities: (Please list major community I volunteer activities only)

Organizations(s)\_\_\_\_\_

Yearsactive\_\_\_\_\_

**Dispute Resolution Training & Experience:**

Please provide details (name of program, place, year) of any dispute resolution training or experience (mediation, arbitration, case evaluation) you have had, at D.C. Superior Court or elsewhere:

Program(s)

Year(s)  Experience: From \_\_\_\_\_ To \_\_\_\_\_

**Program Commitment**

***By my signature below, I acknowledge that if I am accepted into a Multi-Door training program, I will be required to make a firm commitment to the Superior Court of the District Of Columbia. During the year immediately following successful completion of training, I agree to accept the assignment of no fewer than twenty (20) civil division cases for which I will serve as mediator or neutral case evaluator; or to accept the assignment of no fewer than eighteen (18) civil division cases for which I will serve as arbitrator***

\_\_\_\_\_  
Signature

Date

[Invitation to a particular screening session or training class can not be guaranteed. Please refer to the enclosed information.]

**Please return this form to:**

**Wallace Meissner  
Civil Training Manager  
Multi-Door Dispute Resolution Division  
D.C. Superior Court  
500 Indiana Avenue, N.W.  
Washington D.C. 20001  
Phone: 202-879-1974**