

**Arbitrator and Arbitrator Panel Member Application
For the Second Judicial Circuit, State of Florida**

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

Telephone: _____

E-Mail: _____

Languages you are fluent in other than English:

QUALIFICATIONS

Yes No Are you a member in Good Standing with the Florida Bar, provide license #
_____ # Years Held

If you are not a Florida Bar Member, list your highest level of education:

What is your area of practice / specialty related to your service as an arbitrator or panel member?

Yes No Are you a former Florida Judge?
_____ Years of Term

**If you have attended training you must attach a copy of your training certificate from the
Florida Arbitration Training Provider to this application.**

Yes No Have you completed training with a Florida Arbitration Training Provider:

Date of Training:

Location of Training:

Training Provider Name:

EXPERIENCE

Yes No Are you on a Court appointed arbitrator roster for any other Florida Judicial
Circuit? If so, please list which circuits.

Arbitrator and Arbitrator Panel Member Application For the Second Judicial Circuit, State of Florida

Yes No Have you acted as an arbitrator or participated on an arbitration panel for any case in Florida. If so, list the number of cases and list the general areas of law addressed in those cases.

Yes No Have you ever drafted an Award?

Yes No Have you read and are you familiar with the Florida Rules for Court-Appointed Arbitrators 11.010-11.130?

Yes No Have you read and are you familiar with the Florida Rules of Civil Procedure 1.700-1.830?

Yes No Have you read and are you familiar with Chapter 44, Mediation Alternatives to Judicial Action, of the Florida Statutes?

DISQUALIFICATION AND CRIMINAL HISTORY

If you answer yes to any of the questions below you must attach both a separate written explanation and copies of relevant documents.

Yes No Have you have been removed from the roster of qualified arbitrators in any Florida circuit?

Yes No Have you ever been sanctioned or admonished by any organization for which you hold a license or certification?

Yes No Have you ever been found guilty or adjudicated guilty of a crime as an adult in this or any other state? Check **Yes**, even if adjudication of guilt or judgment was withheld or if the criminal record was sealed or expunged. (Include traffic crimes, such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed.) **If you check yes attach both a separate written explanation and copies of relevant documents.**

Yes No Do you have criminal charges or warrants pending against you or are you on probation or parole in this state or any other state? **If you check yes attach both a separate written explanation and copies of relevant documents.**

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Yes No Have you been and are you currently involved in any civil court proceedings,
including any collections actions against you?

FEE STRUCTURE

What is your hourly rate of compensation?

Yes No Do you charge a retainer? If so state the amount:

Yes No Are you willing to accept pro bono or reduced fee appointments?

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**ATTESTATION AND AUTHORIZATION TO INVESTIGATE AND RELEASE
INFORMATION**

Please read the following carefully.

I swear/affirm that the information supplied on this application and all documents provided are correct. To the best of my knowledge, I qualify as an Arbitrator as defined by Florida Statutes, and I will notify, in writing, the chief judge or designee(s) for this judicial circuit of the following within 30 days of any such event: a) change of address b) legal name change c) change in fees d) any criminal conviction, disqualifying event or any change in the status of a professional license or certification which I currently hold.

In addition, I authorize the Second Judicial Circuit of Florida to conduct a criminal history and background investigation on me. I authorize the release of information and/or documents to this court from any city, state and/or federal law enforcement agencies; and any other entity. I release this court from any and all liability and expense associated with this investigation or release of information and/or documents.

Applicant's Signature

Date

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____, by

_____, who being duly sworn, states under oath that the facts set forth in the above are true and correct and that said answers are given under oath.

NOTARY PUBLIC, STATE OF FLORIDA
Signature

Notary Name Printed

Date Commission Expires

___ Personally known

___ Produced identification

Type of identification produced _____