

DEKALB COUNTY NEUTRAL APPLICATION

YOU MUST BE REGISTERED WITH THE GEORGIA OFFICE OF DISPUTE RESOLUTION TO SERVE IN THIS PROGRAM. PLEASE ATTACH A COPY OF YOUR CONFIRMATION OF REGISTRATION LETTER ALONG WITH YOUR RESUME.

PLEASE PRINT OR TYPE.

NAME: _____ DATE: _____
 MAILING ADDRESS: _____
 E-MAIL ADDRESS: _____
 HOME PHONE: _____ OFFICE PHONE: _____ FAX # _____
 OCCUPATION: _____
 STATE BAR# (IF APPLICATION): _____ # YEARS IN PRACTICE: _____
 WHAT TYPE OF LAW DO YOU PRACTICE?

RELEVANT EMPLOYMENT HISTORY:

EMPLOYER	POSITION/TITLE	FROM	TO

EDUCATION:

SCHOOL	COURSE OF STUDY	DEGREE	YEAR

ADR EXPERIENCE:

NUMBER OF YEARS PROVIDING ADR SERVICES _____
 APPROXIMATE NUMBER OF CASES BY CATEGORY:
 STATE/SUPERIOR COURTS CIVIL _____
 DOMESTIC RELATIONS _____
 MAGISTRATE COURT _____
 JUVENILE COURT _____
 PROBATE COURT _____
 ARBITRATION _____
 CASE EVALUATION _____
 NON COURT MEDIATIONS _____

AREA OF SPECIALIZATION (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> BANKING/FINANCE | <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> PROF. LIAB./MALPRACTICE |
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> PROPERTY |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> INSURANCE | <input type="checkbox"/> ZONING/LAND USE |
| <input type="checkbox"/> CONTRACTS | <input type="checkbox"/> LABOR/MANAGEMENT | <input type="checkbox"/> CORPORATE |
| <input type="checkbox"/> PERSONAL INJURY | <input type="checkbox"/> EMPLOYMENT LAW | <input type="checkbox"/> PRODUCT LIABILITY |
| <input type="checkbox"/> FAMILY | <input type="checkbox"/> DIVORCE | <input type="checkbox"/> CHILD SUPPORT/ACCESS/CUSTODY |
| <input type="checkbox"/> VICTIM/OFFENDER | <input type="checkbox"/> PROBATE | <input type="checkbox"/> REAL ESTATE |
| <input type="checkbox"/> OTHER _____ | | |

SERVICES FOR WHICH YOU ARE TRAINED AND INTERESTED IN PROVIDING

(CIRCLE ALL THAT APPLY):

GENERAL CIVIL MEDIATION ARBITRATION DOMESTIC MEDIATION CASE EVALUATION

ADR TRAINING:

TRAINING	COURSE	DATE	HOURS

OTHER QUALIFICATIONS, SKILLS, EXPERIENCES, OR INFORMATION THAT WOULD ASSIST IN MATCHING CASE NEEDS: _____

OTHER COURTS WHERE YOU CURRENTLY PROVIDE ADR SERVICES: _____

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS: _____

LIST ANY AREAS, PERSONS OR FIRMS WHICH WOULD PRESENT CONFLICTS OF INTEREST FOR YOU: _____

GENERAL AVAILABILITY (HOURS OF DAY/ DAYS OF WEEK) _____

HAVE YOU EVER BEEN SUBJECT TO ANY DISCIPLINARY ACTION, OR BEEN SANCTIONED AS A PROFESSIONAL? YES _____ NO _____

IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF A FELONY OF MISDEMEANOR, OTHER THAN TRAFFIC OFFENSES: YES _____ NO _____ IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

MAIL or FAX your completed form to:

DeKalb County Courts
Dispute Resolution Center
106 East Ponce de Leon Avenue
Decatur, Georgia 30030
FAX (404)370-8195

Please be sure to attach your resume and copy of current GAODR registration.

ADR OFFICES ONLY:

DATE APPROVED: _____

ADR AREAS APPROVED: _____

