

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 EMAIL your completed form to:

Dispute Resolution Center
One West Court Sq. Ste, 520
Decatur, Georgia 30030
EMAIL drc@dekalbcountyga.gov

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

ADR OFFICES ONLY:

DATE APPROVED: _____

ADR AREAS APPROVED: _____

