ARBITRATOR INFORMATION SHEET AND OATH

Name: Year Admitted into WSBA Bar: Number of years in active practice:			Bar Number: Other jurisdiction: Major Areas of Practice:								
						continuin	completed a minimum of t g legal education credits o RCW 7.06.040(2)(a)				
						YES	Date Completed	NO	N/A	more than 5	cases
Contact Ir	nformation:										
Firm Name	e:		Email:								
Address:											
	mber:		Fa	ax Number:							
Phone Nur	mber: ON EXPERIENCE WITHIN Titrations and/or mediations	s). Choose th	/E YEARS BY (CATEGORY (o	ept.						
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LITIGATIO	Case Categories Collection Commercial Construction/Real Estate Family Law Medical Malpractice Other Malpractice Personal Injury Property Damage	s). Choose th Number of	/E YEARS BY one type of case	CATEGORY (o s you will acc	ept. Accept						
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trials, arbi	Case Categories Collection Commercial Construction/Real Estate Family Law Medical Malpractice Other Malpractice Personal Injury Property Damage	s). Choose th Number of	/E YEARS BY one type of case	CATEGORY (o s you will acc	ept. Accept						

OATH OF ARBITRATOR

I,, being first duly sworn, upon oath do affirm, that I will support the Constitution of the United States and the Constitution of the State of Washington and that I will discharge the duties carbitrator of the Superior Court of the State of Washington, to the best of my ability.							
I certify or declare under the penalty of perjul foregoing is true and correct.	ry under the laws of th	e State of Washington that the					
	Signed:						
	Date: _						
Subscribed and sworn to before me this	day of	, 20					
	Notary Public in and for the State of Washington,						
	Residing at						
	Commission Expi	Commission Expires:					