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**UNITED STATES DISTRICT COURT  
DISTRICT OF MISSISSIPPI**

**APPLICATION FOR ENROLLMENT IN COURT'S PANEL OF NEUTRALS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

1. Date admitted to The Mississippi Bar: \_\_\_\_\_ Bar No: \_\_\_\_\_
2. Are you a member in good standing in The Mississippi Bar?      Yes      No
3. Have you ever been part of any legal proceedings, civil or criminal, charging you with moral turpitude or commission of a crime; or have you been disbarred, suspended from practice or otherwise disciplined by any court or administrative body; or have any proceedings been commenced against you by any court, administrative body, bar association, or grievance committee; or have you ever been refused admission to any bar or court?  

Yes      Attach to this application an affidavit giving complete details.

No
4. Date admitted to the bar of this district court: \_\_\_\_\_
5. List other courts, bars, or professional associations to which you have been admitted: \_\_\_\_\_

6. Circle the areas of legal practice or experience which best describe the majority of your legal practice and show the number of years of experience in each.

<u>Yrs</u>	<u>Yrs</u>	<u>Yrs</u>
<input type="checkbox"/> Admin. Law	<input type="checkbox"/> Contracts	<input type="checkbox"/> Insurance Law
<input type="checkbox"/> Admiralty	<input type="checkbox"/> Construction Law	<input type="checkbox"/> Labor Law
<input type="checkbox"/> Antitrust Law	<input type="checkbox"/> Criminal Law	<input type="checkbox"/> Medical Malpractice
<input type="checkbox"/> Asbestosis	<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Oil & Gas
<input type="checkbox"/> Banking Law	<input type="checkbox"/> Debtor/Creditor	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Employment	<input type="checkbox"/> Products Liability
<input type="checkbox"/> Computer Law	<input type="checkbox"/> Environmental	<input type="checkbox"/> Securities
<input type="checkbox"/> Other (specify)		

#### **MEDIATION TRAINING**

10. a. Hours of mediator training completed:  
 b. Date(s) of mediator training, course provider, and summary of course content:

<u>Date</u>	<u>Course Provider</u>	<u>Content</u>
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- c. Have you ever conducted mediation under the observation of another trained mediator?

No                      Yes                      Date(s):  
Where?

Summarize the event:

11. Have you ever trained mediators?                      Yes                      When?  
No

**MEDIATION EXPERIENCE**

12. Number of mediation observations:                      Summarize the experience(s):

Number of mediation sessions held to date:                      Summarize the session(s):

13. References as to your mediation skills, training, education, or other qualifications:

14. Other references:

**I certify that the information provided in this application is true and correct.**

Date:

Applicant's Signature

Mail completed application to either of the following clerks:

Clerk, U.S. District Court  
245 East Capitol Street, Suite 316  
Jackson, Mississippi 39201

Clerk, U.S. District Court  
911 Jackson Avenue, Room 369  
Oxford, Mississippi 38655