

UNITED STATES DISTRICT COURT
FOR THE
DISTRICT OF WYOMING

APPLICATION FOR MEMBERSHIP ON PANEL OF NEUTRALS

Application is made for membership on the neutral panel with the United States District Court for the District of Wyoming as provided for by the Local Court Rules.

Name: _____

Firm Name: _____

Office Address: _____ Tel. No. _____

(City)

(State)

(Zip)

ATTORNEY NEUTRALS

1. Date admitted to the Wyoming State Bar: _____ WBA No. _____

2. Are you a member in good standing of the Wyoming State Bar? _____ Yes _____ No

3. Have you ever been a party to any legal proceedings, civil or criminal, charging you with moral turpitude or commission of a crime; or been disbarred, suspended from practice or otherwise disciplined by any court or administrative body; or have any proceedings been instituted against you in any court, administrative body, bar association or grievance committee; or have you ever been refused admission to any Bar of Court?

_____ Yes _____ No If yes, please attach an affidavit of explanation.

4. Date admitted before the bar of the United States District Court for the District of Wyoming:

5. Other Court/Bar Professional Associations: _____

6. Check the areas of legal practice or experience which best describes the majority of your legal practice and indicate the number of years of experience in each:

- | | | |
|--|---|--|
| <input type="checkbox"/> Admin Law ____ years | <input type="checkbox"/> Criminal ____ years | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Antitrust ____ years | <input type="checkbox"/> Civil Rights ____ years | ____ years |
| <input type="checkbox"/> Asbestos ____ years | <input type="checkbox"/> Employment ____ years | <input type="checkbox"/> Oil & Gas ____ years |
| <input type="checkbox"/> Banking ____ years | Areas _____ | <input type="checkbox"/> Patent/Trademark/
Copyright ____ years |
| <input type="checkbox"/> Bankruptcy ____ years | <input type="checkbox"/> § 1983 ____ years | Speciality: _____ |
| <input type="checkbox"/> Business/Commercial
____ years | <input type="checkbox"/> Debtor/Creditor ____ years | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Computer Law | <input type="checkbox"/> Environmental Law | ____ years |
| ____ years | ____ years | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Contracts ____ years | <input type="checkbox"/> Insurance ____ years | ____ years |
| <input type="checkbox"/> Construction ____ years | <input type="checkbox"/> Labor ____ years | <input type="checkbox"/> Securities ____ years |
- Other, specify: _____; ____ years

THE APPLICANT SHALL PROVIDE A COMPREHENSIVE WRITTEN DESCRIPTION OF HIS/HER LEGAL PRACTICE AND EXPERTISE IN EACH AREA CHECKED.

ADR TRAINING COMPLETED

7. a. Hours of ADR training completed _____
 b. Date(s) of training, course provider and course content _____

 c. Have you ever been observed by another trained neutral (not during training)?
 _____ Yes _____ No; When _____; Where _____
 Explain _____

ADR EXPERIENCE

7. Number of ADR Proceedings held to date _____ Describe _____

 8. References (ADR Experience) _____
 9. References (Other) _____

FEES

10. Describe and list the reasonable fees that you will charge the parties for your services to conduct ADR:

11. Are you willing to accept cases for mediation for a reduced fee or pro bono?
_____ Yes _____ No

I certify that the foregoing is true and correct.

Date

Applicant

RETURN COMPLETED APPLICATION TO:

United States District Court
Attention: Deb Birge, ADR Administrator
P.O. Box 268
Cheyenne, WY 82003