

ILLINOIS SUPREME COURT
MANDATORY COURT-ANNEXED ARBITRATION PROGRAM
ELEVENTH JUDICIAL CIRCUIT

APPLICATION FOR CERTIFICATION AS AN ARBITRATOR

I, _____ certify that I am an attorney and have been duly licensed in the State of Illinois for at least one (1) year and that the following representations are true and correct.

SECTION 1

Last Name _____ First Name _____ MI _____

Firm Name _____

Eleventh Circuit Office Address _____

Phone Number _____ FAX Number _____

Illinois Attorney Number (ARDC) _____

Tax Identification Number (FEIN) _____

Date of Birth _____ Social Security Number _____

Year Admitted to the Illinois Bar _____

Home Address _____

Home Phone Number _____

I am willing to serve as an emergency arbitrator **Yes** _____ **No** _____

My litigation experience has been in the following areas (indicate percentage):

Personal Injury/Tort _____ Contract _____

Workers Comp _____ Traffic _____

Bankruptcy _____ Probate _____

Domestic Relations _____ Criminal _____

Administrative Hearings _____ Tax _____

Appellate _____ Real Estate _____

Chancery _____ Other (Specify) _____

SECTION 2

(An attorney wishing to be certified as Chairperson should complete this section of the application)

I further certify that I have been engaged in trial practice for five years. My activities in the trial practice has consisted of the following: (if necessary use additional page)

Please provide the following information regarding litigation experience in the past five years for jury trials or bench trials:

<u>Case name</u>	<u>Nature of Proceeding</u>	<u>Date</u>
1.		
2.		
3.		
4.		
5.		
6.		

SECTION 3

(All applicants complete this section)

I, _____ certify that all of the above information is true and correct and that if certified as an Arbitrator (Panelist or Chairperson), I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of the State of Illinois and I will faithfully discharge the duties of my office to the best of my ability.

Signature

Date

FOR OFFICE USE ONLY

Training Scheduled: _____

Date Certified: _____

**PLEASE RETURN COMPLETED FORM TO: Rachel Bunner
200 W. Front St., Suite 400B
Bloomington, IL 61701
Fax 309-827-9700**