

**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