

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

## APPLICATION FOR APPOINTMENT AS MEDIATOR

N.	AME:
FΙ	RM/BUSINESS:
O	FFICE STREET ADDRESS:
$\mathbf{C}$	ITY, STATE, ZIP:
Εľ	MAIL ADDRESS:
TI	MAIL ADDRESS: FAX:
Ι.	ARE YOU AN ATTORNEY? YES NO
	If "NO" please respond only to items #11 through #18
2.	DATE ADMITTED TO NEW YORK STATE BAR
	DATE ADMITTED TO PRACTICE BEFORE THE NORTHERN DISTRICT OF NEW YORK BAR ROLL#
3.	DATE ADMITTED TO PRACTICE BEFORE THE HIGHEST COURT OF A STATE (other than New York) COURT:
	DATE OF ADMISSION:
4.	SET FORTH BRIEFLY IN CHRONOLOGICAL ORDER, WITH DATES, THE NATURE OF YOUR PRACTICE OF LAW SINCE ADMISSION TO THE BAR:
5.	ARE YOU PRESENTLY ENGAGED IN THE ACTIVE PRACTICE OF LAW IN THE
	NORTHERN DISTRICT OF NEW YORK? YES NO
6.	STATE BRIEFLY THE NATURE OF YOUR PRESENT PRACTICE:
	<del></del>

7.	WHICH OF THE FOLLOWING BEST DESCRIBES YOUR PRESENT PRACTICE OF LAW? CHECK ONE
	My practice primarily consists of representing debtors.
	My practice primarily consists of representing creditors.
	My practice cannot be designated as either of the above.
8.	PLEASE LIST THE NAME(S) OF JUDGE(S) (including bankruptcy and magistrate judges) BEFORE WHOM YOU HAVE APPEARED OR WHO OTHERWISE MAY HAVE KNOWLEDGE OF YOUR QUALIFICATIONS.
9.	IF YOU HAVE NOT NAMED ANY JUDGE OF THIS COURT IN ANSWER TO QUESTION #9, PLEASE LIST ANY OTHER FEDERAL JUDGES OR STATE JUDGES BEFORE WHOM YOU HAVE APPEARED OR WHO OTHERWISE MAY HAVE KNOWLEDGE OF YOUR QUALIFICATIONS.
10.	HAVE YOU EVER REPRESENTED A PARTY IN A CASE THAT WENT TO ANY FORM OF ALTERNATIVE DISPUTE RESOLUTION (ADR)? If yes, please state where, when, type of court and type of ADR forum.
11.	PLEASE BRIEFLY DESCRIBE YOUR EDUCATIONAL BACKGROUND, INCLUDING ANY PROFESSIONAL LICENSURE WHICH YOU HAVE OBTAINED AND MAINTAINED.

YES NO
If yes, please state where and when.
HAVE YOU EVER SERVED AS A MEDIATOR IN ANY STATE COURT?
YES NO If yes, please state where and when.
WOULD YOU BE INTERESTED IN PARTICIPATING IN A MEDIATION TRAINING
PROGRAM SPONSORED BY THE COURT?
YES NO PLEASE SET FORTH ANY ADDITIONAL INFORMATION RELATED TO YOUR PROFESSIONAL QUALIFICATIONS, EXPERIENCE, TRAINING AND ANY OTHER INFORMATION YOU BELIEVE BEARS UPON YOUR QUALIFICATIONS TO SERVE AS MEDIATOR.
PLEASE SET FORTH DATES OF ANY FORMAL MEDIATION TRAINING THAT YOU HAVE TAKEN. PLEASE INCLUDE THE NUMBERS OF HOURS THAT SUCH TRAINING CONSTITUTED.

17.	HAVE YOU EVER BEEN REMOVED FROM ANY PROFESSIONAL ORGANIZATION, OR RESIGNED FROM A PROFESSIONAL ORGANIZATION WHILE AN INVESTIGATION OF INQUIRY INTO PROFESSIONAL MISCONDUCT WAS PENDING? YES NO IF YES PLEASE BRIEFLY DESCRIBE THE CIRCUMSTANCES
18.	PLEASE CHECK THE DIVISIONS WHERE YOU WOULD PREFER TO SIT AS MEDIATOR.
	ALBANY SYRACUSE UTICA
	I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.
	SIGNATURE: DATE: