Law Division Mandatory Arbitration Program Arbitrator Application

Please circle the appropriate program you wish to apply for below:

Commercia	l Calendar	Personal Injury	Both Commercial Calendar and Personal Injury
Name:			
Telephone Number:			
ARDC Numl	ber:		
		ining your legal experience and	
1)	Law Firm or affliliati	on:	
2)	Primary type of lega	al work (40% of your practice):	
3)	Law School and grad	duation date:	
4)	Date Admitted to p	ractice before the Illinois Supren	ne Court:
5)	Date Admitted to Fe	ederal Trial Bar:	······
6)	Date of Approved A	rbitration Seminar attendance:_	
Last five cas	ses you litigated:		
Cas	e Name and Numbe	r:	
		el name & telephone number:_	
Cas	e Name and Numbe	r:	
	a) Opposing couns	el name & telephone number:_	
	b) Judge's Name:_		
Cas	e Name and Numbe	:	
	a) Opposing couns	el name & telephone number:_	
	b) Judge's Name:_		

Case Name and Number:
a) Opposing counsel name & telephone number:
b) Judge's Name:
Case Name and Number:
a) Opposing counsel name & telephone number:
b) Judge's Name:
Arbitration Experience:
Case names, dates and issues arbitrated for the last three cases where you acted as an arbitrator
1) Date/Case Name:
a) Issues:
2) Date/Case Name:
b) Issues:
3) Date/Case Name:
c) Issues:
Case names, dates and issues arbitrated for the last three cases where you acted as an attorney:
1) Date/Case Name:
a) Issues:
2) Date/Case Name:
a) Issues:
3) Date/Case Name:
a) Issues:
iignature:
Date: