



United States District Court
District of Oregon

Agreement to Serve as a Voluntary Mediator

- This is a new application**
 I am presently on the court's list of Volunteer Mediators

1. Personal Information:

Name: _____
Last First Middle Initial

Mailing Address: _____

Oregon State Bar ID Number: _____

Phone Number: _____ Fax Number: _____

Business e-mail address: _____

2. Law Firm and Practice Information:

Law firm name: _____

Principal area of practice (please identify if predominantly plaintiff or defense): _____

Other fields of training and/or experience: _____

Legal or Non-legal organizations with whom you are affiliated: _____

Mediation Training Experience: _____

Court Divisions you would be willing to serve in (check as many as apply):

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Portland | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Eugene | <input type="checkbox"/> Medford |

I certify that I have read Local Rule 16.4, that I am a member in good standing with the Oregon State Bar, and that I have been admitted to practice in the United States District Court for the District of Oregon for at least five years, and/or I am a retired or senior judge.

Signature

Date

