

QUALIFIED ARBITRATORS REQUEST
TWENTIETH JUDICIAL CIRCUIT

I request that I be added to the 20th Judicial Circuits Roster of Qualified Arbitrators

NAME _____

ADDRESS _____

Email Address _____

TELEPHONE # _____ Cell # _____ Fax# _____

Member of Florida Bar: _____ Yes _____ No

Date of admission _____ Bar # _____

Board Certifications: _____

Arbitration training completed _____ with _____

Attached Certificate of Completion.

I will work in ___all counties ___Lee ___ Charlotte ___ Collier ___ Glades ___ Hendry

Describe all relevant experience as an Arbitrator (attach additional pages if needed)

ATTACH YOUR RESUME'OR CV IF AVAILABLE.

Please check areas of expertise:

_____ Personal Injury	_____ Consumer	_____ Malpractice
_____ Property Damage	_____ Employment	_____ Family
_____ Products Liability	_____ Eminent Domain	_____ Dependency
_____ Contract	_____ Real Property/Mortgage Foreclosure	_____ Other _____

___ I agree to accept appointments through the court program at the rate of compensation specified in AO 1.15(9).

___ I agree to accept appointments only at a rate of compensation agreed to by all parties.

___ I will accept appointments for in person arbitrations ___ I will accept remote only arbitrations.

I hereby certify that I meet all qualifications as a Qualified Arbitrator and the information provided herein is true and correct.

Signature

Verified by _____

Form revised 4/27/2023

Date