

Other languages you speak: _____

References:

Name	Address	Phone

I agree to keep the Jackson County Circuit Court informed of any changes in my licensure status or qualifications to be a listed Arbitrator. I certify that I have read and will comply with the Oregon Revised Statutes, Uniform Trial Court Rules, and Supplemental Local Rules for Jackson County that pertain to Arbitration and Alternative Dispute Resolution.

By signing this Arbitrator application, I acknowledge that the information provided may be verified, references/programs may be contacted, and I expressly consent to the release of information.

Date: _____ Signature: _____