



DALLAS COUNTY  
 DISTRICT COURT ADMINISTRATION  
 ALTERNATIVE DISPUTE RESOLUTION

**APPLICATION FORM  
 ADR PROVIDERS DIRECTORY**

Date: \_\_\_\_\_

**I. APPLICANT INFORMATION**

Lastname:		Firstname:		Firm:	
Business Address:			City:		State: Zip:
Business Phone:			Fax:		Email:
Language Proficiencies:			ADR Fees:Hr. ____		1/2 Day ____ Full Day: ____

**II. OTHER INFORMATION:**

<b>A. Primary Profession:(check all that applies)</b>			
Attorney ( )	Bar Card #(Required)	Mediator ( )	Other
<b>B. ADR Background:</b>			
Types of ADR Performed:		ADR Training Received (Attach verification)	Year ADR Practice Began:
<ul style="list-style-type: none"> <li>▶ <b>Mediation</b></li> <li>▶ <b>Arbitration</b></li> <li>▶ <b>Moderated Settlement Conference</b></li> <li>▶ <b>Summary Jury Trial</b></li> <li>▶ <b>Mini-Trial</b></li> </ul>		_____ _____ _____ _____ _____ _____ _____ _____	_____  No. Mediations or Hours: _____

**III. QUALIFICATIONS:**

<b>A. Statutory Training: In accordance with Texas Civil Practice and Remedies Code Sec. 154.052(a)</b>			
I have completed:	40hrs ( )  24hr of Family Law ( )	I agree to accept up to two mediation referrals,(1) non-settlement week, per year, <u>pro bono</u> . ( )yes ( ) no	I agree to complete 5 hrs. of additional ADR-related education during the following 12 mos. as a condition of my name appearing on the List of ADR Providers ( )yes ( ) no

**IV. ETHICAL GUIDELINES**

I hereby agree to adhere to the ethical guidelines for ADR pursuant to any guidelines officially promulgated by the Texas Supreme Court or adopted by the Dallas County Bar Association, ADR Section. In the event I decide that such adherence cannot be given, I will take immediate action to remove my name from the list of ADR Providers. Mediator, initial here \_\_\_\_\_

**V. VERIFICATION/CERTIFICATION**

A. Verification: Please attach written evidence of your compliance with the training requirements set forth in Section 154.052(a) of the Texas Civil Practice and Remedies Code.

Attachments: (1) Verification of Training (Certificate) (2) Resume (1 page double sided)

B. Certification: "I hereby certify that the above information, and any information contained on the accompanying attachments, is within my personal knowledge to be true and correct."

\_\_\_\_\_  
Applicant's Signature

**IV. AREA OF PRACTICE CODES (check all that apply)**

Code	Area	Practice	Mediate	Code	Area	Practice	Mediate
ADL	Administrative Law			ADM	Admiralty		
ANT	Antitrust			APP	Appellate Law		
AVI	Aviation			BAN	Bankruptcy		
BT	Business Torts			BUS	Business/Commer/Contra		
CON	Consumer/DTPA			CRE	Creditor/Debtor		
CST	Construction			CVR	Civil Rights		
CY	Community			ED	Eminent Domain		
EL	Election			EMP	Employer/Employee		
ENV	Environmental			FAM	Family Law		
HLT	Health			INS	Insurance		
INT	International			IP	Intellectual Property		
JUV	Juvenile			LAB	Labor		
LIB	Libel/Slander/Defamat.			LLT	Landlord/Tenant		
OG	Oil & Gas/Energy			PAR	Partnership		
PI	Personal Injury			PLL	Prof. Liability-Law		
PLM	Prof. Liability-Medical			PLO	Prof. Liability-Other		
PRL	Product Liability			PRO	Probate		
RE	Real Estate			REG	Regulatory/Governmental		
SEC	Securities			SP	Sports		
TAX	Tax			WC	Workers Compensation		

