

**UNITED STATES DISTRICT COURT  
DISTRICT OF RHODE ISLAND**

**ADR PANEL APPLICATION**

Please complete the entire application, using additional paper if necessary. You may also attach a resume, however, you must complete and return this application.

Name: \_\_\_\_\_.

Firm or Office Name: \_\_\_\_\_.

Office Address: \_\_\_\_\_.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_.

E-mail \_\_\_\_\_.

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**ADMISSIONS AND AFFILIATIONS**

Date admitted to the Federal Bar, District of Rhode Island: \_\_\_\_\_

Date admitted to the Rhode Island Bar: \_\_\_\_\_ Bar No.: \_\_\_\_\_

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.):

Membership and positions held in bar, ADR and professional associations:

Are you a member in good standing in each jurisdiction where admitted to practice law? \_\_\_Yes  
\_\_\_No

Are you currently the subject of any pending disciplinary proceeding in any jurisdiction? \_\_\_Yes  
\_\_\_No

Have you ever been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct? \_\_\_Yes \_\_\_No

**EDUCATION:**

Year law degree received \_\_\_\_\_. Law School: \_\_\_\_\_.

Other professional degrees received (including year and school) \_\_\_\_\_.

Other education \_\_\_\_\_

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**LEGAL EXPERIENCE**(A minimum of 10 years of law practice required):

Summarize legal experience since admission to the bar:

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Percentage of practice in last 5 years representing plaintiff\_\_\_\_% or defense\_\_\_\_%

Percentage of federal or state court practice in last 5 years: Federal\_\_\_\_% State\_\_\_\_%

Number of years engaged in active litigation:\_\_\_\_\_.

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**EXPERTISE:**

Indicate all substantive areas in which you have legal or other expertise:

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**PUBLICATIONS:**

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**ADR TRAINING & EXPERIENCE**

Describe your experience and training in ADR. Also, indicate any ADR certifications you hold, when they were awarded and by whom.

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Other courts or organizations for whom you serve as an ADR panel member or neutral mediator:

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**OTHER INFORMATION**

Please describe any other information, knowledge or skills you wish to be considered as part of this application.

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**CERTIFICATION:**

I am making application to serve on the ADR Panel for District of Rhode Island and certify that the foregoing is true and correct.

Signature\_\_\_\_\_Date\_\_\_\_\_

Return completed application to:

**Berry B. Mitchell  
Office of Alternative Dispute Resolution  
United States District Court  
1 Exchange Terrace  
Providence, RI 02903**