

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

**APPLICATION FOR ADMISSION TO
BANKRUPTCY MEDIATION PROGRAM REGISTER**

General Instructions

- (1) Each applicant shall read Local Bankruptcy Rules 9019-2 through 9019-7.
- (2) If additional space is needed to respond fully to any item on this application, the response(s) shall be set forth in an attached, signed separate page with an identification of the question number to which it responds.
- (3) Attorney applicants shall complete Parts I, II and IV of this Application.
- (4) Non-attorney applicants shall complete Parts I, III and IV of this Application.

Part I. ALL APPLICANTS.

Name: _____

Firm: _____

Office Address: _____

Street

City

State

Zip Code

Office Phone: _____

Office Fax: _____

E-Mail: _____

Pa. I.D. or other Professional Association I.D. _____

Part II. ATTORNEY APPLICANTS

1. List each state and federal court in which you currently are licensed to practice law:

Court

Date of Admission

2. If you have bankruptcy experience, list the three most recent adversary proceedings or contested matters in which you have served as attorney of record for a party-in-interest from commencement through conclusion (i.e., judgment, order, or stipulation).

Case Title

Case Number

Dates

Representation

a. _____

b. _____

c. _____

3. If you have bankruptcy experience, list the most recent three bankruptcy cases in which you have served as the principal attorney of record (without regard to the party represented) from commencement to conclusion.

Case Title

Case Number

Dates

Representation

a. _____

b. _____

c. _____

4. If you have participated in mediation or other ADR processes (either as a neutral or in another role), list the three most recent of those matters below.

	Case Title	Case Number	Dates	Representation
a.	_____			

b.	_____			

c.	_____			

Part III. NON-ATTORNEY APPLICANTS

1. If you have participated in mediation or other ADR processes (either as a neutral or in another role), list no more than three of those matters below.

	Case Title	Case Number	Dates	Representation
a.	_____			

b.	_____			

c.	_____			

Part IV. ALL APPLICANTS

1. List any professional licenses you hold (other than bar admission) and include the number of years you have practiced in each profession listed (e.g., accountant, real estate broker, appraiser, engineer).

Profession	Accrediting Organization	Years of Practice

2. List any professional organizations of which you are or were an active member, the length of your membership, and any positions held and/or projects completed.

Organization	No. of Years	Active/Retired	Positions/Projects

3. List any relevant bankruptcy or mediation experience not included in any response above.

4. List any mediation or other alternative dispute resolution training that you have completed and that has qualified for continuing professional education credit or has been approved by a court of competent jurisdiction within the past three years.

Course Title	Trainer/School	Court/Sponsor	CLE Credit Hours	Dates

5. List speaking engagements, panel/seminar participation teaching experience, etc., within the past three years.

6. List any other relevant experience, training, skills, honors, publications, or other information which you would like considered in connection with this application.

7. Have you been removed from any professional organization, or have you resigned from any professional organization while an investigation into allegations of professional misconduct was pending?

Yes _____ No _____

If so, please explain the circumstances of such removal or resignation.

8. Check the city(ies) in which you are willing to conduct mediation conferences:

_____ Pittsburgh

_____ Johnstown

_____ Erie

_____ Other (specify): _____

I hereby certify that I have read Local Bankruptcy Rules 9019-2 through 9019-7, that I meet the qualifications set forth therein for admission to this Court’s Register of mediators, and that I will fully comply with the relevant provisions of this Court’s General Orders, Local Rules, Local Forms, and any modifications thereto relating to mediation. I will immediately contact the Mediation Program Administrator, and any parties for whom I have accepted appointment as a mediator, upon learning I am no longer qualified to serve pursuant to the provisions of Local Bankruptcy Rule 9019-3.

If I am applying for appointment as an attorney mediator, I certify that I am a member in good standing of the state and federal bar(s) listed above. If I am applying for appointment as a non-attorney mediator, I certify that I am a member in good standing of my profession.

I consent to disclosure of the information contained in this Application to Court personnel and to the parties and their representatives whose matters have been referred to the Bankruptcy Mediation Program of this Court.

I declare under penalty of perjury that the information contained in this Application is true and correct.

Executed on _____, _____ at _____, _____.
(date) (year) (city) (state)

By typing my name in the box below, it is my intent to affix my signature to this application as though it were my handwritten signature. I understand and accept that this digital signature shall have the full force and effect of a handwritten signature.
