

FIFTH JUDICIAL CIRCUIT OF FLORIDA ARBITRATOR APPLICATION



**INSTRUCTIONS: ANSWER ALL QUESTIONS ACCURATELY,
USING DARK INK OR TYPE. PLEASE PRINT CLEARLY.**

DATE _____

PERSONAL INFORMATION:

NAME _____
(Last)
(First)
(Middle)

ADDRESS _____
(Street)
(City)
(State)
(Zip)

TELEPHONE _____
(Work)
(Cellular)

EMAIL ADDRESS _____

PROFESSIONAL INFORMATION:

BUSINESS NAME _____

BUSINESS ADDRESS(ES) _____
LOCATIONS IN EACH COUNTY WHERE ARBITRAIONS WILL BE HELD

BUSINESS TELEPHONE _____

BUSINESS EMAIL ADDRESS _____

| LOCATION WHERE ARBITRATION HEARINGS WILL BE PERFORMED | | |
|--|---|---|
| _____ : CIRCUIT WIDE <small style="color: red;">Initial</small> | _____ : CITRUS COUNTY <small style="color: red;">Initial</small> | _____ : HERNANDO COUNTY <small style="color: red;">Initial</small> |
| _____ : LAKE COUNTY <small style="color: red;">Initial</small> | _____ : MARION COUNTY <small style="color: red;">Initial</small> | _____ : SUMTER COUNTY <small style="color: red;">Initial</small> |

Completed Florida Supreme Court Approved Arbitrator Training: ___ Yes ___ No
 If yes, please attach a copy of the Certificate of Course Completion

Please provide a copy of your Florida Bar Card and complete the following:

FLORIDA BAR NUMBER: _____ DATE ADMITTED TO THE FLORIDA BAR: _____

Please check all types of cases for which you are seeking appointment:

- | | |
|---|---|
| <input type="checkbox"/> Consumer | <input type="checkbox"/> Real Property/Mortgage Foreclosure |
| <input type="checkbox"/> PIP | <input type="checkbox"/> Other (please indicate) _____ |
| <input type="checkbox"/> Eminent Domain | <input type="checkbox"/> Malpractice |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Contract Personal Injury | <input type="checkbox"/> Property Damage |

ATTESTATION:

I SWEAR/AFFIRM THE INFORMATION SUPPLIED ON THIS RENEWAL APPLICATION AND ALL DOCUMENTS PROVIDED IS CORRECT.

I UNDERSTAND I MUST NOTIFY THE FIFTH JUDICIAL CIRCUIT IN WRITING WITHIN THIRTY (30) DAYS OF ANY CHANGE IN MY CONTACT INFORMATION, LEGAL NAME CHANGE, CHANGE IN FEES, ANY CRIMINAL CONVICTION, ADJUDICATION, WITHHOLDING OF CONVICTION OR ADJUDICATION, OR ANY CHANGE IN THE STATUS OF A PROFESSIONAL LICENSE OR CERTIFICATION WHICH I CURRENTLY HOLD.

I HAVE READ AND UNDERSTAND, THE FLORIDA RULES FOR COURT APPOINTED ARBITRATORS, SECTION 44.103 OF THE FLORIDA STATUTES, AND ADMINISTRATIVE ORDER NO. A-2008-08-B OF THE FIFTH JUDICIAL CIRCUIT.

MY SIGNATURE REFLECTS MY UNDERSTANDING I AM SIGNING THIS DOCUMENT UNDER PENALTY OF PERJURY.

SIGNATURE

DATE

PRINT NAME

Please submit your resume, a copy of the certificate of completion of arbitration training program and a copy of the bar card with this application to sfigueroa@circuit5.org