

SUPREME COURT OF NEVADA

OFFICE OF THE CLERK

201 SOUTH CARSON STREET, CARSON CITY NV 89701-4702 TELEPHONE (775) 684-1600

APPLICATION FOR SUPREME COURT SETTLEMENT JUDGE

INSTRUCTIONS FOR SETTLEMENT JUDGE APPLICATION

- 1. This application is to be submitted to the Clerk of the Supreme Court of the State of Nevada. The application must be mailed or delivered to the Clerk's Office at 201 South Carson Street, Carson City, NV 89701-4702.
- 2. Application for appointment to the panel of settlement judges must be made using this form. You may use additional sheets if needed.
- 3. Please type or print all information requested. Your original signature on the application is required. No facsimile copies of this application will be accepted.
- 4. The Supreme Court of Nevada may refer your application to the State Bar of Nevada for review and investigation.
- 5. Upon referral, the State Bar shall investigate the applicant's qualifications and fitness to serve as a settlement judge, including, but not limited to, verification of the applicant's educational background, employment history, professional licensure and any related disciplinary proceedings, and criminal history.
- 6. No later than 90 days from the date of referral, the State Bar shall transmit to the Supreme Court a certificate concerning the applicant's qualifications and fitness.
- 7. Please direct any questions regarding the application to the Supreme Court Clerk's Office.
- 8. The information contained herein will be kept confidential.

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PERSONAL INFORMATION				CON'	TACT INFORMATION	
Name (First, Middle, Last)				Busines	s Telephone	
Business Address				Home T	elephone	
City			Zip	Telefax		
Home Address				Cellular Telephone		
City	State		Zip	E-Mail	Address	
L	OTI	HER		I		
Geographic Service Areas Reno/Carson/Tahoe Central Nevada Northeastern Nevada Greater LV Area					r Sign Language, in Which cy to Serve as a Mediator	
ADMISS	ION TO	PRA	CTICE LA	W		
Nevada Bar Date of Admission	Active		Inactive_		Other (specify)	
Other Bar Date of Admission	Active		Inactive_		Other (specify)	
Other Bar Date of Admission	Active		Inactive		Other (specify)	

OTHER PROFESSIONAL OR OCCUPATIONAL LICENSES

Name of Entity Issuing License		Da	Date License Issued			Status of License			
AFFIL	IATION WITH MI	EDIAT	rion	ORGA	NIZATI	ON O	R SE	RVIC	E
Name of Service				f Service		011 0	10 511	10 1 1 0	
m 1 1 N 1		- Giv				1 0			Tr.
Telephone Number		City	City State Zip					Zip	
Length of Membership		Pos	Position Held						
AFFILIATIO	ON WITH OTHER	R CON	IFLIC	CT RES	OLUTI(ON OI	R AD	R SEI	RVICE
Name of Service		Add	lress o	f Service					
Telephone Number		City	7			S	tate		Zip
Length of Membership		Pos	ition F	Held					
	MEI	DIATI	ON G	QUESTI	ONS				
Are you a full-time med	iator?		,	Yes_			No_		
When did you first begin	n serving as a mediate	or?	•						
Approximately how man	ny cases have you me	diated?)						
How many appellate me	ediations have you pa	rticipa	ted in?)					
As a mediator	As an ad	vocate				As a pa	arty _		
College, University or				ID TRA	INING ber of	Degre	ee Rec	eived	Major
(List all undergraduate		Atte		Cre	dits	(AA, BS, etc.)			
Name of Institution	Location	From	То	Qtr.	Sem.	(AA	., въ, е	etc.)	
		_			-				4.5
Business, Correspo Technical or Voca		Da Atte		Full Time	Part <u>Time</u>	Da Cer Rece	tif.		e of Program or ubjects Taken
Name of Institution	Location	From	То	Y/N	Hrs/ Wk				
					,,,,,				

MEDIATION TRAINING

Training Classes Attended/Course Title and Location	Dates of Attendance		Number of Hours	Completion Validation/ Certificate:
	From	То		Yes No
Provider Name and Address				
				_
Training Classes Attended/Course Title and Location	Dates of A	Attendance	Number of Hours	Completion Validation/ Certificate:
	From	То		Yes No
Provider Name and Address				
Training Classes Attended/Course Title and Location	Dates of A	Attendance	Number of Hours	Completion Validation/ Certificate:
	From	To		Yes No
Provider Name and Address				

OTHER CONFLICT RESOLUTION OR ALTERNATE DISPUTE RESOLUTION TRAINING

Training Classes Attended/Course Title and	_		Number				
Training Classes Attended/Course Title and	Dates of Attendance			Completion Validation/			
Location			of Hours	Certificate:			
	From	То		Yes No			
Provider Name and Address							
Training Classes Attended/Course Title and	Dates of A	Attendance	Number	Completion Validation/			
Location			of Hours	Certificate:			
	From	То		Yes No			
	110111	10		100 110			
Provider Name and Address							
Training Classes Attended/Course Title and	Dates of A	Attendance	Number	Completion Validation/			
Location	Bases of Hateriaanse		of Hours	Certificate:			
	From	То		Yes No			
	FIOIII	10		105 110			
Provider Name and Address	<u> </u>	I					
1 Tovider Name and Address							

EMPLOYMENT HISTORY

Name of Employer		Telephone Number			
Address					
Major Areas of Specialization or Subject	ct Matter Expertise				
	•				
Any Other Significant Experience That	t You Think Qualifies You to Serve as a S	ettlement Judge			
Dates of Employment	Reason for Le	eaving			
N CE 1		m 1 1 N 1			
Name of Employer		Telephone Number			
Address					
Major Areas of Specialization or Subject	ct Matter Expertise				
Any Other Significant Experience That	t You Think Qualifies You to Serve as a S	ettlement Judge			
Dates of Employment Reason for Leaving					
Name of Employer		Telephone Number			
Address					
ritaress					
Major Areas of Specialization or Subjection	ct Matter Expertise				
	•				
Any Other Significant Experience That You Think Qualifies You to Serve as a Settlement Judge					
Dates of Employment	Reason for Leaving				
		3			

BACKGROUND INFORMATION

 Are you now or have you ever been named as a defendant in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation of funds, misrepresentation or breach of fiduciary duty? 	∐Yes ∐No
If you answer "Yes" you must attach to this application: (a) A written statement summarizing the details of each incident,	
(b) A copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and	
(c) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.	
 Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? 	□Yes □No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action.	
"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.	
If you answer "Yes" you must attach to this application:	
(a) A written statement identifying the type of license and explaining the circumstances of each incident,	
(b) A copy of the Notice of Hearing or other document that states the charges and allegations, and	
(c) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.	
3. Have you ever been convicted of, or are you currently charged with committing a crime?	□Yes □No
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.	
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty, by Alford plea, nolo contendere, or having been given probation, a suspended sentence or a fine.	
If you answer "Yes" you must attach to this application:	
(a) A written statement explaining the circumstances of each incident,	
(b) A copy of the charging document, and	
(c) A copy of the official document that demonstrates the resolution of the charges or any final judgment.	

BACKGROUND INFORMATION (continued)

4. Have you ever received a public or private reprimand or letter of caution, or been denied admission, suspended or disbarred from the practice of law in Nevada or any other state?	□Yes □No
If you answer "Yes" you must attach to this application:	
(a) A written statement explaining the circumstances of each incident,	
(b) A copy of the charging document, and	
(c) A copy of the filed order that demonstrates the resolution of the charges.	

PROFESSIONAL REFERENCES

(Minimum of 2 references required. Do not include Supreme Court Justices or Supreme Court personnel as your references)

Last Name	First Name	M.I.	Telephone Number
Address		l	
Address			
Profession			
Last Name	First Name	M.I.	Telephone Number
Address			
Profession			
Last Name	First Name	M.I.	Telephone Number
Address			
Profession			
Last Name	First Name	M.I.	Telephone Number
Address		1	<u> </u>
Profession			

CERTIFICATION

(Please read and sign the following certification. You have a duty to notify the Supreme Court within 30 days of any significant change in the information contained within this application.)

I hereby certify under penalty of perjury that all of the information submitted in this application and any attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for removal from the approved Settlement Judge List or denial of my appointment as a settlement judge and may subject me to civil or criminal penalties. Further, I grant permission to the Supreme Court of Nevada, acting through the State Bar of Nevada, to verify the information contained in this application with any federal, state or local government agency; any current or former employer; any public or private mediation organization or service; and the references listed above.

Original Signature of Applicant	Applicant's Name (Printed or Typed)	Date