



ILLINOIS SUPREME COURT
MANDATORY COURT-ANNEXED ARBITRATION PROGRAM

CIRCUIT COURT OF COOK COUNTY
CHICAGO, ILLINOIS

APPLICATION FOR CERTIFICATION AS AN ARBITRATOR

I, _____ certify that I am an attorney and have been duly licensed in the State of Illinois for at least three (3) years and that the following representations are true and correct.

PLEASE COMPLETE BOTH SIDES

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone No. _____ Cell Phone No. _____

Email Address _____

Employer _____

Office Address _____

City _____ State _____ Zip Code _____

Office Phone No. _____

ARDC No. _____ Cook County Attorney No. _____

Year Admitted to the Illinois Bar _____

I am willing to service as an emergency arbitrator: Yes ____ No ____

Social Security No. _____ or Tax I.D. Number (FEIN) _____

My litigation experience has been in the following areas (indicated percentage of time):

Personal Injury/Tort _____

Contract _____

Workers' Comp. _____

Traffic _____

Bankruptcy _____

Probate _____

Domestic Relations _____

Criminal _____

Administrative Hrgs _____

Tax _____

Appellate _____

Real Estate _____

Chancery _____

Other _____

(Specify) _____

PLEASE COMPLETE BOTH SIDES

SECTION 2

An attorney wishing to be certified as Chairperson must complete this section and attach a resume to this application. Attorneys wishing to be certified as a Chairperson must have at least five (5) years active litigation experience.

Please list the cases you have tried as lead counsel or co-counsel within the past five (5) years:

Case No.	Case Name	Nature of Proceeding	Date	Judge

SECTION 3

(All applicants complete this section)

_____ certify that all of the above information is true and correct and that if certified as an Arbitrator (Panelist or Chairperson), I do solemnly swear (or affirm) that I will support, obey and defend the Constitution of the United States and the Constitution of the State of Illinois and I will faithfully discharge the duties of my office to the best of my ability.

Signature

Date

FOR OFFICE USE ONLY

Training Held: _____

Date Certified: _____