



HAMPDEN COUNTY BAR ASSOCIATION ARBITRATION & MEDIATION SERVICES

P.O. Box 559 • 50 State Street • Springfield, MA 01102-0559
Telephone: (413) 748-7951 • Facsimile: (413) 732-6882 • Email: Arbitrationmediation@hcbar.org

APPLICATION FOR REGISTRATION **ARBITRATION & MEDIATION PANEL**

DATE: _____

1. Name: _____ Tax Identification Number: _____
Telephone No.: _____ Facsimile No.: _____ E-Mail address: _____
2. Address: _____

3. Mailing address, if different: _____
4. How long have you actively practiced law in Massachusetts? _____ Date passed Bar: _____
5. Member of/Associated with, the following firm: _____
6. In addition to Massachusetts, in what state or federal courts are you able to practice: _____
7. Are you a member of any other mediation/arbitration panel? _____ If so, please list: _____

ACCEPTANCE OF HCBA MEDIATION/ARBITRATION RULES

1. **MED/ARB RULES:** I hereby acknowledge review of the Rules of the Mediation/Arbitration Service of the Hampden County Bar Association, and agree to comply with said Rules, and I also affirm the foregoing statements and confirm that any information on file with the HCBA MEDIATION/ARBITRATION SERVICE is true and complete.
2. **COMPETENCE:** I hereby certify that in accordance with the Rules, I am competent and experienced and I agree to hold the Hampden County Bar Association harmless from any and all claims arising out of my role as mediator/arbitrator on the Hampden County Bar Association Mediation/Arbitration panel.
3. **INSURANCE:** I acknowledge that I am required to carry and therefore do carry minimum Professional Liability Insurance coverage ADR endorsed of \$100,000/\$300,000. **A copy of the current declaration page from my policy is attached.** Policy expiration date: _____. I further agree to notify the HCBA if that policy is terminated or coverage is reduced during the period of participation. **THIS PARAGRAPH IS NOT APPLICABLE IF YOU ARE A RETIRED JUDGE.**
4. **DISCIPLINARY ACTION:** I acknowledge that I am a member in good standing of the Hampden County Bar Association, that I have never been disciplined by the Board of Bar Overseers or any other disciplinary authority in this or any other jurisdiction, and that I have complied with the registration requirements of the Board of Bar Overseers. If there has been any such discipline, check box, briefly explain in separate letter and include the Board of Bar Overseers Summary of Complaint.
5. Please check one:
☐ I am a former judge
☐ I have been admitted to the bar for greater than ten (10) years
☐ I have been a lawyer for seven years (7) and have thirty hours of arbitration/mediation training (attach verification)

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REGISTRATION FEE

I am enclosing my registration fee of \$200.00 for panel membership.

Please make check payable to HCBA or fill out your credit card information.

Credit Card Number: _____ Expiration Date: _____

Security Code (last 3 or 4 digits on the back in signature box): _____

Billing Address, if different from mailing address: _____

Return this form, your payment, insurance declaration page and, if applicable, verification of arbitration training to:

HAMPEN COUNTY BAR ASSOCIATION
50 State Street
P. O. Box 559
Springfield, MA 01103

WAIVER

I hereby authorize the Board of Bar Overseers (BBO) to release any and all information to the HCBA regarding any disciplinary proceedings that have commenced against me by the BBO within the past five (5) years. This does not include complaints that have not resulted in the commencement of disciplinary proceedings. I understand that applicants who have been disciplined within the past five (5) years and not reviewed by the HCBA will not be accepted until after a satisfactory review by the Committee. Current panelists who are disciplined will be suspended until after a favorable review by the HCBA.

My signature hereon indicates that I have read both the Rules of the HCBA and the above waiver regarding the release of pertinent information by the BBO and agree to abide by the same.

Read and signed: _____

Please print name: _____

BBO #: _____

Date: _____