

## ARBITRATOR PROFILE AND OATH

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FAX NO.: \_\_\_\_\_

WSBA NO: \_\_\_\_\_

Email: \_\_\_\_\_

Other Bar Admissions Jurisdiction: \_\_\_\_\_ Date: \_\_\_\_\_

### HISTORY

Private Practice:	Dates: _____ To _____ Location(s): _____ Area(s) of Practice: _____
Government Service:	Dates: _____ Locations(s): _____ Area(s) of Practice: _____
House Counsel/Other:	Dates: _____ Location(s): _____ Area(s) of Practice: _____

**Have you attended the Mandatory Arbitration trainings or viewed the video presentations?**

YES ☐ (Date Completed \_\_\_\_\_) (CLE Hours: \_\_\_\_\_) \*NO ☐

\*Attendance of the mandatory arbitration training is mandatory before being appointed as an arbitrator.

### Experience:

Percentage of Practice by Category: Trial experience:  
(Must have at least 15% of your practice in (Last 5 Years)  
one of the below categories)

Collection / Contract:	_____	_____
Commercial:	_____	_____
Personal Injury / Tort:	_____	_____
Real Property / Land Use:	_____	_____

### Other area(s) of your practice (indicate as percentage):

	%		%		%
Admin. Law		Contract		Legal Malpractice	
Admiralty		Corporations / Business Org		Motor Vehicle Tort	
Animal Law		Elder Law / Guardianship		Product Liability	
Bankruptcy		Employment / Labor		Securities	

Class Action		Foreclosure		Tax	
Constitutional Law		Insurance		Trusts / Estates	
Construction		Intellectual Property		Medical Malpractice	
Consumer Protection		Landlord / Tenant			

Please mark the case types you are willing to accept		
CASE TYPE	YES	NO
Collection		
Commercial		
Interpleader		
Unlawful Detainer- Commercial		
Unlawful Detainer- Residential		
Personal Injury		
Property Damage		
Tort Motor Vehicle		
Tort - Other		
Medical Malpractice		
Other - Please List:		

## OATH OF ARBITRATOR

I, \_\_\_\_\_, being first duly sworn, upon my oath do affirm that I will support the Constitution of the United States and the Constitution of the State of Washington and that I will discharge the duties of arbitrator of the Superior Court of the State of Washington to the best of my ability.

\_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_

(Notary Signature)

\_\_\_\_\_

(Type or Print Name of Notary)

NOTARY PUBLIC for the State of Washington,  
residing at \_\_\_\_\_

My appointment expires:

\_\_\_\_\_

**DECLARATION OF COMPLIANCE WITH RCW 7.06.040**

I, \_\_\_\_\_, hereby declare under penalty of perjury under the laws of the State of Washington as follows:

RCW 7.06.040 requires that a person may not serve as an arbitrator unless the person has completed a minimum of three credits of Washington State Bar Association approved continuing legal education credits on the professional and ethical considerations for serving as an arbitrator. A person serving as an arbitrator must file a declaration or affidavit stating or certifying to the appointing court that the person is in compliance with this section.

I hereby certify and declare that I have completed the requirement above by attending the following continued legal education courses:

\_\_\_\_\_  
\_\_\_\_\_

These courses constitute a least three hours of continued legal education on the professional and ethical consideration for serving as an arbitrator.

Date at \_\_\_\_\_, Washington this \_\_\_\_\_ Day of \_\_\_\_\_

Signed: \_\_\_\_\_