

UNITED STATES BANKRUPTCY COURT - DISTRICT OF HAWAII
APPLICATION FOR APPOINTMENT TO BANKRUPTCY MEDIATOR PANEL

Name: _____ Office Address: _____
Phone / Fax: _____

A. ATTORNEY APPLICANTS

Bar membership (minimum 5 years):	<u>Date of Admission</u>	<u>Bar Number</u>
Hawaii State Bar:	_____	_____
District of Hawaii:	_____	_____
Other State Bars: _____	_____	_____
_____	_____	_____

B. NON-ATTORNEY APPLICANTS

1. List any professional licenses you hold, including effective dates:

2. List any professional organization of which you are an active member, the length of membership and any positions held and/or projects completed:

3. Describe any relevant experience with bankruptcy cases or law:

C. ALL APPLICANTS

1. List any state mediation, federal mediation or other alternative dispute resolution training completed:

2. Hourly billing rate for mediation services: \$ _____.

D. CERTIFICATION

I certify that all information provided in this application is true and correct. I have read and agree to comply with the Guidelines for Bankruptcy Alternative Dispute Resolution, and am willing to provide, without compensation, my services for one 4-hour mediation conference per calendar quarter. I consent to disclosure of the information in this application to the staff of the bankruptcy court, the Bankruptcy Mediation Committee, and the parties and their representatives whose matters have been referred to the BDR program.

Dated: _____
Applicant