

# ARBITRATOR APPLICATION



Please review the "Cincinnati Bar Association Arbitration Service (CBAAS) Procedures & Rules" before completing this application.

The CBAAS Board shall approve applicants for inclusion on the panel based on the following criteria:

1. Applicant must be licensed, active and in good standing in the state of Ohio and/or Kentucky and have been admitted to practice law in a state for at least ten years.
2. Applicant must be a current member in good standing of the Cincinnati Bar Association.
3. Applicant must have professional liability insurance in force and verify with their insurance carrier that they are covered as an arbitrator.

The number of arbitrators on the CBAAS panel is limited. As a result, not all qualified applicants will be accepted. CBAAS will exercise sole discretion in panel selection and may consider factors such as balancing the panel for practice type and size. In addition, an applicant's professional reputation and references may be considered.

Any individual interested in being considered to serve as an arbitrator for the Cincinnati Bar Association Arbitration Services shall be required to submit the following application to CBAAS, Cincinnati Bar Association, 225 East Sixth Street, Second Floor, Cincinnati, OH 45202-3209.

Name \_\_\_\_\_

Firm/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

**Please list your educational background starting with the most recent:**

Name of School \_\_\_\_\_

Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Name of School \_\_\_\_\_

Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

Name of School \_\_\_\_\_

Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_



**Please list any state(s) in which you are currently and actively licensed to practice law.**

State \_\_\_\_\_ Year Admitted \_\_\_\_\_

State \_\_\_\_\_ Year Admitted \_\_\_\_\_

State \_\_\_\_\_ Year Admitted \_\_\_\_\_

Please list any professional affiliations.

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What is your current hourly rate for arbitrations? \_\_\_\_\_

Please describe the training and experience you have had that qualifies you to serve as an arbitrator. *(Please attach additional pages if necessary.)*

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Please state the areas of practice in which you are qualified to serve as an arbitrator.

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Have there been any disciplinary actions taken against you since you were first admitted to practice in any jurisdiction?  
If yes, please describe.

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**Please initial after each of the following stating your agreement:**

You agree that CBAAS shall assess the parties an administrative fee equal to 15% of your estimated arbitrator fees and that you will advance your own out of pocket expenses (to be reimbursed by the parties). \_\_\_\_\_

You agree to complete any training that CBAAS may reasonably require for inclusion on its roster of arbitrators, such as training concerning the Arbitration Procedures and Rules of CBAAS. \_\_\_\_\_

You agree that you will not receive payment from CBAAS for any arbitration fees until CBAAS receives payment from the parties and that CBAAS shall have no independent liability for any of your fees or disbursements. \_\_\_\_\_

You are willing to serve as the Program Director from time to time, as that position is described in the Arbitration Procedures and Rules of CBAAS, without compensation as requested by CBAAS. \_\_\_\_\_

You agree to pay the annual fee required for inclusion in the CBAAS roster of arbitrators if your application is accepted. \_\_\_\_\_

You have received and reviewed a copy of the “CBAAS Rules and Procedures” and agree to abide by and support these rules and procedures. \_\_\_\_\_

You have professional liability insurance currently in force and have verified with your carrier that you are covered as an arbitrator. \_\_\_\_\_

In the event your application is accepted by the CBAAS, you will be included on the roster of CBAAS arbitrators for potential selection by parties. CBAAS shall require that all information in the application be updated and verified on an annual basis. \_\_\_\_\_

By signing below you agree that the information included in this application and all attachments is correct to the best of your knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_