



**II. LEGAL EXPERIENCE**

Experience in active litigation: \_\_\_\_\_ years \_\_\_\_\_ months  
 Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:

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

**III. ARBITRATION AND OTHER PROFESSIONAL EXPERIENCE**

Arbitration experience:

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

Membership and positions held in bar, alternative dispute resolution (ADR) and professional associations:

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

Number of arbitrations conducted as neutral: \_\_\_\_\_. Number of arbitrations attended: \_\_\_\_\_.

**IV. ARBITRATION TRAINING**

- 1. I am familiar with the statutes, rules and practice governing arbitration hearings in South Carolina.
- 2. I am familiar with the South Carolina Standards of Conduct (or Code of Ethics) for Arbitrators
- 3.  (a) I have completed a minimum of 6 hours in a civil arbitration training program approved by the South Carolina Board of Arbitrator and Mediator Certification. See Circuit Court ADR Rules 13 and 15. **(Attach a copy of your certificate of completion or other proof of training and describe here.)**

<i>Program Title (Be exact)</i>	<i>Date Started and Completed</i>	<i>Sponsor/Training Conducted By</i>

or  (b) I have completed the following arbitration training which has not been approved previously by the Board, or was attended in another state or was attended prior to January 31, 1995:

<u>Course Provider</u>	<u>Course Content</u>	<u>Date</u>	<u>Place</u>	<u>No. of Hours</u>

To demonstrate that this training substantially complies with the standards set forth in Rule 15, I submit with this application:

- a. a detailed agenda for the course, including length of time spent on each subject;
- b. a list of instructors, including their qualifications and/or vita;
- c. a certificate of completion or other proof of training; and
- d. current contact information for the sponsor of the training.

By signing and submitting this application, I authorize the sponsor to release to the Board and South Carolina Bar any information regarding this course and my attendance that the Board or Bar might request with respect to this application, and agree to supplement this application as requested.

or  (c) I have served as a Master-in-Equity, Circuit or Appellate Court Judge:

<i>Court</i>	<i>Location</i>	<i>Position</i>	<i>Date Sworn In</i>	<i>Date Left Bench</i>

- 4. Other arbitration or ADR training:
- | <u>Course Provider</u> | <u>Course Content</u> | <u>Date</u> | <u>Place</u> | <u>No. of Hours</u> |
|------------------------|-----------------------|-------------|--------------|---------------------|
|                        |                       |             |              |                     |
|                        |                       |             |              |                     |

**V. CHARACTER**

**1. AUTHORIZATION AND RELEASE**

I hereby authorize and request that the South Carolina Bar, South Carolina Commission on Lawyer Conduct, South Carolina Commission on Judicial Conduct, South Carolina Bar Admissions Office, and/or the bar admissions and disciplinary agencies of this or any other state, provide to the South Carolina Board of Arbitrator and Mediator Certification or South Carolina Bar information regarding the status of any license to practice law that I hold, including all applications filed by me or complaints filed against me.

Applicant's SC Bar No. \_\_\_\_\_

If licensed to practice law in other states, complete the following:

<u>State</u>	<u>Name of Disciplinary and Admissions Agencies</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Attorney's ID No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**VI. AVAILABILITY**

**NOTE:** All applicants must be on the roster in at least one county.

**1. INDICATE COUNTIES IN WHICH YOU WISH TO BE PLACED ON THE COURT ROSTER:**

- All counties.
- Select counties:  
(mark all that apply)
 

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Greenwood
<input type="checkbox"/> Aiken	<input type="checkbox"/> Hampton
<input type="checkbox"/> Allendale	<input type="checkbox"/> Horry
<input type="checkbox"/> Anderson	<input type="checkbox"/> Jasper
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Kershaw
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Lancaster
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Laurens
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Lee
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Lexington
<input type="checkbox"/> Charleston	<input type="checkbox"/> Marion
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Marlboro
<input type="checkbox"/> Chester	<input type="checkbox"/> McCormick
<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Newberry
<input type="checkbox"/> Clarendon	<input type="checkbox"/> Oconee
<input type="checkbox"/> Colleton	<input type="checkbox"/> Orangeburg
<input type="checkbox"/> Darlington	<input type="checkbox"/> Pickens
<input type="checkbox"/> Dillon	<input type="checkbox"/> Richland
<input type="checkbox"/> Dorchester	<input type="checkbox"/> Saluda
<input type="checkbox"/> Edgefield	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Sumter
<input type="checkbox"/> Florence	<input type="checkbox"/> Union
<input type="checkbox"/> Georgetown	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Greenville	<input type="checkbox"/> York

**VII. OTHER INFORMATION**

Other relevant experience or skills or other information you would like considered in connection with this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VIII. CERTIFICATION**

I certify that I am of good moral character; that I am familiar with the statutes, rules and practice governing arbitration hearings in South Carolina; and that I have not, within the last five years, been disbarred or suspended from the practice of law, been denied admission to a bar for character or ethical reasons or been publicly reprimanded or publicly disciplined for professional conduct in this state, any other state or the District of Columbia; and I agree to: (1) provide arbitration to indigents without pay; (2) notify the Board of any change in the above facts or otherwise in my ability to perform duties as an arbitrator; and (3) pay all administrative fees and comply with all procedures established by the Supreme Court, or its designee, including the Standards of Conduct (or Code of Ethics) for Arbitrators (Appendix B to the Circuit Court ADR Rules). I further certify that the information I have furnished in this application is true, accurate and complete; and that, should I be approved, this information may be used to generate a roster of neutrals made available to the courts, ADR community and general public.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<i>Date</i>	<i>Signature of Applicant</i>
<i>Date</i>	<i>Signature</i>		
<i>Title Of Person Authorized To Administer Oaths</i>			
<b>SEAL</b> <i>Date Commission Expires</i>			

**IX. FOR BOARD USE ONLY**

**Administratively Approved**

<i>Signature</i>	<i>Date</i>
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**Referred to Board**

<i>Signature</i>	<i>Date</i>
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**Board approved**

<i>Signature</i>	<i>Date</i>
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**Board contingencies to approval met**

<i>Signature</i>	<i>Date</i>
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**Board rejected**

<i>Signature</i>	<i>Date</i>
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**Additional information requested from applicant**

<i>Signature</i>	<i>Date</i>
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