



United States District Court
Western District of Tennessee

Application for Mediation Panel

Name: _____

Bar Number: _____

Office Information

Home Information

Address _____

Address _____

Phone Number _____

Phone Number _____

Fax Number _____

Mobile Number _____

Email Address _____

Date Admitted to Practice:

State and Date Licensed to Practice Law: _____

Date Admitted to Practice in Western _____

Distict of Tennessee: _____

Are there any particular areas of law you are not willing to accept?

Mediation Training:

Have you been trained as a mediator/arbitrator? _____ Yes _____ No

Name of the training organization: _____

Date of Completion: _____

Number of Hours: _____

Brief Description of Training:

Please list any previous mediation experience:

Please list any additional skills, education, training, or experience relevant to mediator qualifications:

I hereby certify that the above information is true and correct:

Applicant Signature: _____

Date: _____

Return the Original Application To:

Thomas M. Gould, Clerk of Court
United States District Court - WDTN
167 N. Main Street - RM 242
Memphis, Tennessee 38128