Clear Form Print Form

APPLICATION FOR MEDIATION PANEL
U.S. DISTRICT COURT - WESTERN DISTRICT OF NEW YORK

1) Applicant's Full Name: _____

Please contact me at my: Office ☐ Home ☐

Address: _____ Tel.: _____

_____ Fax: _____

_____ Email: _____

2) Date admitted to practice before:

A) United States District Court
Western District of New York _____

B) Appellate Division of the Supreme Court
of the State of New York _____

C) The highest court of a State
(if not admitted in New York)

Court: _____ _____

3) Are you presently engaged in the active practice of law in the Western District of New York?

Yes ☐ No ☐ Formerly (last year of practice) _____

4) Check your primary fields of specialization (not more than 3).

1. Admiralty ☐
2. Antitrust ☐
3. Banking ☐
4. Civil Rights ☐
5. Commercial ☐
6. Consumer ☐
7. Construction ☐
8. Contract ☐
9. Copyright & Literary ☐
10. Corporation ☐

11. Employment ☐
12. Entertainment ☐
13. Environmental ☐
14. ERISA/Pension Funds ☐
15. Estate Planning ☐
16. General Practice ☐
17. Health ☐
18. Immigration ☐
19. Insurance ☐
20. International ☐
21. Labor ☐
22. Media ☐
23. Medical Malpractice ☐
24. Municipal ☐
25. Patent ☐
26. Product Liability ☐
27. Real Property ☐
28. RICO Act ☐
29. Secured Creditors ☐
30. Securities ☐
31. Sports ☐
32. Tax ☐
33. Technology/Intellectual Property ☐
34. Tort ☐
35. Trademark ☐
36. Other (please specify) _____

5) State the percentage of your practice that consists of representing:

Plaintiffs: % Defendants: %

6) If you have received training as a mediator within the last five years, set forth for each training the date, the provider, the course title and the number of course hours:

_____

_____

(attach additional sheets, if needed)

7) If you have experience as a mediator, set forth the courts, entities and/or organizations for which you have served as a mediator and the total number of disputes you have mediated in the last two years:

_____

_____

Disputes mediated in last two years: _____

8) I am willing to hear cases in:

Buffalo ☐ Rochester ☐ Both locations ☐

9) I am available to serve on short notice in the event that the mediator originally selected/appointed is not available.

Yes ☐ No ☐

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

_____
(Applicant's Signature)

Date: _____

Return Original Application to:

Barry L. Radlin, Esq., ADR Program Administrator
United States District Court
Western District of New York
United States Courthouse
2 Niagara Square
Buffalo, NY 14202-3350

(Telephone No.: (716) 551-1511)