Social Security #:_____

Supreme Court I D #:_____

COURT of COMMON PLEAS of ALLEGHENY COUNTY, PENNSYLVANIA CIVIL DIVISION

ARBITRATOR APPLICATION FORM

Name			
Firm			
Partner	Associate	Individual	
Business Address		Telephone	
Home Address		Telephone	
E-Mail Address			
Date admitted to the Bar o	f Allegheny County:		
My practice consists of the	following: (Indicate by Perce	ntage)	
Civil Law	%		
Criminal Law			
Family Court Law	0/_0		
Corporate Law	<u>%</u>		
Municipal Law	%		
Real Estate Law	0/0		
Taxation	%		
Decedent's Estate	%		
General Practice	%		
Answer the following ques	tions:		
1. Of the following ty	pes of actions, which do you f	feel most qualified to hear?	
Trespass		Assumpsit	
2. Indicate your avai	lability to serve as an Arbitra	tor:	
Ready Availability	Infree	Infrequent Availability	
3. Would you respon	respond to an immediate call as an Arbitrator: Yes No		
Use this space for any ot	her information about you	r Law Practice.	