



**NINTH JUDICIAL ADMINISTRATIVE DISTRICT
OFFICE OF DISPUTE RESOLUTION**

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NEUTRAL REGISTRATION APPLICATION

PART I: GENERAL INFORMATION

The Ninth Judicial Administrative District Office of Dispute Resolution provides a public listing of the name, registration number, registration categories, and specialty areas for all registered neutrals on our website at www.adr9.com. If you want additional contact information to be available to the public, you may choose to include it by checking the publish option below. Whether or not you give permission to post any optional information on the website listing of neutrals, the Ninth Judicial Administrative District Office of Dispute Resolution furnishes names, addresses, telephone numbers, and registration, expertise, and language fluency information to the public upon request.

A. CONTACT INFORMATION

All fields are required

Title: _____ Name: _____ Suffix: _____
(e.g. Mr., Ms.) (first name middle initial last name) (e.g. Jr., III)

Social Security #: _____ Date of Birth: _____

Company:

_____ (if mailing address is not your home)

Mailing Address: _____

(Street Name and Number)

(Suite or floor number)

_____ / _____ / _____

(City)

(State)

(Zip + 4)

County: _____

Telephone No. 1: _____

Telephone No. 2: _____

Fax No.: _____

E-mail: _____

Publish Information? Yes No

B. NEUTRAL ACTIVITY

Please check all the areas for which you are registered and for which we have certificates on file:

- General Civil
- Domestic Relations
- Domestic Violence
- Arbitration
- Case Evaluation

Please check all the areas in which you have received training or have had practice experience:

- Victim Offender
- Juvenile
- Probate Court
- Magistrate Court
- Superior Court
- Training
- Other: _____

What would you identify as your primary occupational field? **(Please check only one)**

- Neutral
- Medical
- Legal
- Business
- Educator
- Social Services
- Administrative
- Ministerial / Religious
- Other: _____

What is your current status in your primary occupational field?

___Student ___Full-time ___Part-time ___Retired ___Unemployed

Are you an attorney? ___ Yes If yes, what is your bar number: _____
(State, #. Please include information for multiple states.)

Are you a licensed therapist? ___ Yes

Are you a minister? ___ Yes

C. ADDITIONAL INFORMATION

What language(s), other than English, do you speak fluently? _____

Please check all your areas of specialization:

- Commercial
- Community
- Criminal Justice (i.e. Victim Offender)
- Discrimination
- Education
- Employment
- Environmental
- Government
- Health Care
- Intellectual Property
- International
- Labor
- Personal Injury
- Real Estate
- Securities
- Small Claims
- Workers' Compensation
- Other (please specify): _____

D. BACKGROUND INFORMATION

1. Have you been convicted of, pleaded guilty or nolo contendere to a violation of the law? This **includes** DUI offenses but **excludes** traffic violations unless they resulted in suspension or revocation of a driver's license. *You must also report any such pending actions.*

No _____ Yes _____ If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the offense(s) which led to each conviction or plea; (2) information concerning the length of time which has elapsed since each conviction or plea; (3) your age at the time of each conviction or plea; and, (4) evidence of rehabilitation since each conviction or plea.

2. Have you been disciplined by any professional organization? *You must also report any such pending actions.*

No _____ Yes _____ If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the incident(s) which led to the professional discipline; (2) information concerning the length of time which has elapsed since the professional discipline; (3) your age at the time of the professional discipline; and, (4) evidence of rehabilitation since the professional discipline.]

3. Have your professional privileges been curtailed at any time? *You must also report any such pending actions.*

No _____ Yes _____ If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the incident(s) which led to the curtailment of privileges; (2) information concerning the length of time which has elapsed since the curtailment of privileges; (3) your age at the time of the time of curtailment of privileges; and, (4) evidence of rehabilitation since the curtailment of privileges.

4. Have you relinquished a professional privilege or license while under investigation? *You must also report any such pending actions.*

No _____ Yes _____ If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the incident(s) which led to the relinquishment of privileges; (2) information concerning the length of time which has elapsed since the relinquishment of privileges; (3) your age at the time of the time of the relinquishment of privileges; and, (4) evidence of rehabilitation since the relinquishment of privileges.

SIGNATURE PAGE

I, _____, certify that:

- The information supplied on this application is correct and I will notify the Ninth Judicial Administrative District Office of Dispute Resolution of any address changes.
- I have carefully read Appendix C of the Georgia ADR Rules, “Ethical Standards for Neutrals.” I further certify that I understand the ethical standards and agree to conduct myself in accordance with these standards. I further understand that violation of the “Ethical Standards for Neutrals” may result in disciplinary sanctions, including revocation of registration.
- I understand that all information herein is subject to verification. **I understand that by completing this application I am giving my permission to Ninth Judicial Administrative District Office of Dispute Resolution to perform a criminal background check with law enforcement authorities.** The results of such an investigation will be used only in considering my suitability for registration with the Ninth Judicial Administrative District Office of Dispute Resolution.

Signature of Applicant

Date