

COUNTY REFERRAL LIST INFORMATION SHEET

COUNTY: _____

Name: _____

Address: _____

Phone: _____

FAX: _____

E-Mail: _____

Alternative Dispute Resolution Service(s) Provided: (Check Applicable boxes)

- Mediation
- Arbitration
- Early Neutral Evaluation
- Other (please describe) _____

Education/Training/Certification: _____

Experience (please describe): _____

Hours Available: _____

Fees Charged: _____

I hereby agree to accept at least two referrals per year in actions in this county in which the clerk has found that a party is entitled to proceed in forma pauperis pursuant to Rule 3.

I hereby agree to submit on an annual basis the information specified on this form.

Name (printed)

Signature

Date

In order to be placed on a county referral list, please return to the Superior Court Clerk in that County.