



Electronic completion of this form requires Adobe Acrobat Reader 7 or above. To download a free copy of the most current version of Acrobat Reader, please visit Adobe's web site at www.adobe.com.

Instructions:

Information provided on this form will be used to create your Minnesota No-Fault Profile and Resume. Please complete all applicable sections of this form carefully and thoroughly. The application must be accompanied by a completed IRS W-9 form. To move from one field to the next press the Tab key. You can also place your cursor in the desired field and left-click. Please do not type in ALL CAPS. Required fields are in Bold; all other as applicable. Please e-mail a copy of your completed form to Krista Peach, Director, at PeachK@adr.org. Electronic submission will expedite the preparation of your Minnesota No-Fault Profile and Resume. Thank you.

General Profile form with fields for Name, Date of Birth, Company, Address, City, State, Zip Code, Phone, Fax, Cell Phone, and E-mail.

Work History form with instructions and multiple rows for Current Employer and previous employers, including fields for Title(s), Dates of employment, and Name of Employer.

Professional License(s) form with instructions and a table for Attorney Registration#, State, and Date (YYYY).



**Professional Associations**

List **current** memberships only and any offices held (ex. Chair, Past President, etc.) **Please do not abbreviate the name of the organization.**

Organization:	Organization:
Section(s):	Section(s):
Committee(s):	Committee(s):
Office(s) Held:	Office(s) Held:
Organization:	Organization:
Section(s):	Section(s):
Committee(s):	Committee(s):
Office(s) Held:	Office(s) Held:

**Education**

List the law school and college or university from which an undergraduate degree was obtained, as well as any other earned degrees.

<b>Law School/Location:</b>	Year of Graduation:
School/Location:	Year of Graduation:
Degree: BA BS Honors/Other Degree(s):	
<b>Continuing Legal Education: Number of CLE sessions attended in the past three (3) years that addressed no-fault issues:</b>	

**Law Practice**

If you practice personal injury law, please indicate the **percentage (%)** of your practice devoted to the following:

Representing plaintiffs	Representing defendants	Representing insurance companies' subrogation interests
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**Attorney References**

Please provide three (3) attorney references with experience in the no-fault area. These references should include at least one *plaintiff* and one *defense* attorney. **You must also attach a letter of recommendation from one of your references.**

Name:	Name:	Name:
Company:	Company:	Company:
Title:	Title:	Title:
Address:	Address:	Address:
City:	City:	City:
State:	State:	State:
Zip Code:	Zip Code:	Zip Code:
Phone:	Phone:	Phone:

**Alternative Dispute Resolution Experience**

Please include detailed information about your experience with arbitration of no-fault claims. **Please write this section in the third person, excluding references to your name or pronouns such as "he" or "she".**

**Alternative Dispute Resolution Training**

List any ADR training you have completed within the last five (5) years.

Sponsoring Organization:	Date (YYYY):
Title of Program:	
Sponsoring Organization:	Date (YYYY):
Title of Program:	
Sponsoring Organization:	Date (YYYY):
Title of Program:	



Demographics

Completion of this section is optional. The use of this information is restricted to select AAA staff and is being requested to enhance the AAA's continuing efforts to reflect diversity within its panels, activities, educational seminars, publications and committees. It will not be provided to any external individual or organization except in summary form.

Gender:

Male Female

Ethnicity:

Asian/Asian American/Pacific Islander White/Caucasian Multi-Racial African American/Black Latino/Hispanic Native American/Native Alaskan Other

Statement of Veracity and Understanding

Have you ever been the subject of disciplinary action by a professional organization, convicted of a crime, or had any of your Awards vacated as a result of your failure to disclose any interest or relationship likely to affect impartiality or which might create an appearance of partiality or bias?

Yes No

If yes, please explain:

I hereby confirm the following:

- 1. I understand that I am applying to be on the approved list of arbitrators for no-fault arbitration under the program conducted by the Minnesota Supreme Court's Standing Committee on No-Fault Arbitration administered by the American Arbitration Association (AAA).
2. To the best of my knowledge and belief the information herein and any attachments thereto, is true and accurate. If there is any change in the information provided, I agree to promptly notify the AAA. The AAA may seek to verify the accuracy of the information provided by me and it is hereby authorized to do so prior to my acceptance and during any subsequent review of my status on the AAA Minnesota No-Fault Roster. I understand that material inaccuracies in this information may result in my immediate removal from the Roster.
3. I agree to serve in accordance with all applicable AAA-established procedures and the Code of Ethics for Arbitrators in Commercial Disputes, in effect now and as they may be amended.
4. To remain a member in good standing on the AAA Minnesota No-Fault Roster, I understand that I must adhere to any applicable policies, guidelines or standards established for continuing membership on the AAA Minnesota No-Fault Roster.
5. I understand that neither acceptance to the Roster, nor appointment to cases shall make me an employee, agent or independent contractor of the AAA.
6. I recognize that neither my willingness to serve as a neutral, nor acceptance on the AAA Minnesota No-Fault Roster obligates AAA to propose me for appointment as a neutral in any case, nor will I be under any obligation to accept appointments.
7. I understand that although AAA may serve in its administrative capacity to collect and disburse payments for compensation that may become due to me for services as a neutral in an AAA case, such compensation is the sole obligation of the parties to the dispute, and AAA has no liability to me for payment of fees.

I have reviewed all of the provisions in the Statement of Veracity and Understanding and understand and agree to abide by these provisions.

Signature: /s/ Date:



**Certification**

**Pursuant to Rule 10 of the Minnesota No-Fault Arbitration Rules, below are the requirements for qualification as an arbitrator:**

- \* Must be a licensed attorney with at least five (5) years practice in Minnesota, or a retired attorney or judge in good standing.
- \* At least one-third of practice must involve auto insurance claims or, for an attorney not actively representing clients, at least one-third of ADR practice must involve motor vehicle claims or no-fault matters.
- \* Must complete an arbitration training program approved by the No-Fault Standing Committee prior to appointment to the Roster.
- \* Must have at least three (3) CLE hours on no-fault issues within your reporting period.
- \* Required to recertify each year, confirming at the time of recertification that the requirements continue to be met.

**Indicate the percentage (%) of your practice that involves:**

Motor Vehicle Accident Cases	Other Cases (list below)
handling plaintiff's matters	
handling defendant's matters	

**By my electronic signature below, I hereby certify the following:**

I am an attorney licensed to practice law in the State of Minnesota and in good standing.

At least one-third of my practice involves auto insurance claims, or at least one-third of my ADR practice involves motor vehicle claims or no-fault matters.

I must complete an arbitration training program approved by the No-Fault Standing Committee prior to appointment to the Roster.

**Signature: /s/**

**Date:**