

CONSENT TO SERVE AS ARBITRATOR

The undersigned hereby consents to serve as an Arbitrator under the Pennsylvania Rules of Compulsory Arbitration, and asks that his/her name remain on the active roll of Arbitrators to continue to serve in such capacity when called upon until further notice.

SIGNATURE	DATE
PLEASE TYPE OR PRINT CLEARLY:	
NAME: _____	
Date Admitted to the Carbon County Bar _____ Email: _____	
FIRM: _____	
ADDRESS: _____ _____	
MAILING ADDRESS: (if different than above) _____ _____	
Telephone No. _____ Fax No. _____	
Identification No. _____ (This number appears on the lower left corner of card issued by the State Court Administrator)	
I am associated in the Practice of Law with: (Please indicate associates Identification No.) _____ # _____ _____ # _____ _____ # _____ _____ # _____	
I am related to the following members of the Bar who are not associated with me in the Practice of Law. _____ # _____ _____ # _____	

NOTE: Any change in your status of practicing with or being associated with any other lawyer or lawyers shall immediately be reported to the District Court Administrator.