APPLICATION
UNITED STATES BANKRUPTCY COURT
DISTRICT OF MARYLAND
BANKRUPTCY DISPUTE RESOLUTION PROGRAM PANEL

Name: _____

Office Address: _____

_____
City   State   Zip

Office Phone: _____   Office Fax: _____

Education: _____

_____

_____

_____

Professional licenses or memberships and accreditations:

_____

_____

_____

Dispute Resolution Training: Yes _____   No _____

   (a) U.S. Bankruptcy Court Training _____

   (b) Other Training _____

_____

Experience: _____

_____

_____

_____

Local Bankruptcy Form J-1

Counties in which you are willing to serve as a Resolution Advocate:

_____

_____

If you are also applying to be a Compensated Resolution Advocate, rates charged:

_____

_____

Additional Information: _____

_____

_____

_____

      I hereby certify that the information set forth above is true and correct.[1] I agree to serve for a minimum of one year and to act as an unpaid Resolution Advocate in matters, not to exceed one matter per calendar quarter.

_____   _____
Date   Signature

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[1] It is the responsibility of the applicant to submit an amended application if any information contained on this application changes.