



**LSBA'S FEE DISPUTE ARBITRATION PROGRAM
ATTORNEY ARBITRATOR DATA FORM**

NAME: _____ **TITLE:** _____

FIRM: _____ **ADDRESS:** _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

EDUCATION: College: _____ Degree: _____ Year: _____
Law School: _____ Degree: _____ Year: _____
Other: _____ Degree: _____ Year: _____

FOREIGN LANGUAGES: _____

BAR ADMISSIONS: LOUISIANA BAR ROLL NUMBER: _____ YEAR ADMITTED: _____
OTHER STATE BAR ROLL NUMBER: _____ YEAR ADMITTED: _____
OTHER STATE BAR ROLL NUMBER: _____ YEAR ADMITTED: _____
OTHER STATE BAR ROLL NUMBER: _____ YEAR ADMITTED: _____

LIST PREVIOUS POSITIONS:

TITLE	FIRM NAME	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL CERTIFICATES OR LICENCES (including states and dates):

PROFESSIONAL ASSOCIATIONS (Including offices held):

DISPUTE RESOLUTION TRAINING AND EXPERIENCE:

SIGNATURE: _____ **DATE:** _____

**PLEASE RETURN COMPLETED FORM TO SHAWN L. HOLAHAN (shawn.holahan@lsba.org).