

**APPLICATION
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
BANKRUPTCY DISPUTE RESOLUTION PROGRAM PANEL**

MAIL COMPLETED APPLICATIONS TO: DEBBIE CHAVEZ, U.S. BANKRUPTCY COURT, 2500 TULARE STREET, SUITE 2501, FRESNO, CA 93721

Name: _____

Office Address: _____

City _____ State _____ Zip _____

Office Phone: _____ Office Fax: _____

ATTORNEY APPLICANTS:

Dates of Admission:

California Bar: _____ (State Bar No. _____)

Eastern District of California: _____

Other Bars: _____

List three bankruptcy matters in which you have either:

- a. Served as the principal attorney of record (without regard to the party represented) from commencement to conclusion, or date of this application, whichever is earlier; or
- b. Served as attorney of record for a party-in-interest in an adversary proceeding or contested matter from commencement through completion (i.e., judgment, order or stipulation).

<u>Case Title</u>	<u>Case Number</u>	<u>Dates</u>	<u>Representation</u>
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1.

2.

3.

OTHER APPLICANTS:

List any professional organization of which you are a member, and the length of your membership.

List any professional licenses you hold. Dates of admission.

List any bankruptcy experience reflecting the requirement that thirty percent (30%) of your practice is devoted to bankruptcy law or debtor/creditor rights during each of the five (5) years immediately preceeding this application your resume may be attached.

FOR ALL APPLICANTS:

List any alternative dispute resolution training, which has qualified for continuing professional education credit or has been approved by a court of competent jurisdiction, that you have completed.

List any state or federal alternative dispute resolution programs in which you have participated and in what capacity.

List other relevant experience, skills, or other information you would like considered in connection with this application:

Cities in which you are willing and available to conduct resolution conferences:

_____	Redding	_____	Bakersfield
_____	Fresno	_____	Sacramento
_____	Modesto	_____	Other (Please specify)

I hereby certify that I meet the qualifications set forth in Section 3.4 of General Order No. 95-1 , for membership to the Bankruptcy Dispute Resolution Program Panel. I am a member in good standing in the state and federal bar(s) listed above and that the foregoing is true and correct. I consent to disclosure of information contained in this application to parties and their representatives whose matters have been referred to the BDRP and to court personnel.

Dated: _____

Signature

MAIL COMPLETED APPLICATIONS TO: ANDREA LOVGREN, U.S. BANKRUPTCY COURT, 501 I ST., SUITE 3-200, SACRAMENTO, CA 95814