

**IN THE DISTRICT COURT OF EL PASO COUNTY, TEXAS
205TH JUDICIAL DISTRICT**

Mediator Application/Registration Form

1. Name _____
2. Date of Birth _____
3. Law Firm _____
4. Firm address: _____
City & State _____
Phone No. _____
Fax No. _____
E-mail _____
5. Texas Bar No. _____ Year Licensed _____
6. Other State License? Yes ___ No ___
If Yes, State _____ License No. _____
7. Certification(s): _____

I certify that I am in good standing with the State Bar of Texas. I certify that if I am added to a list for appointments, that if I am subsequently sanctioned by any State Bar for misconduct, convicted of a Class A misdemeanor or Felony, or the status of my law license changes to "not in good standing" with the State Bar of Texas, I will notify the Court in writing within 5 business days of same.

Attorney Signature: _____

Date: _____

Date Received: _____	Approved _____
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