UNITED STATES BANKRUPTCY COURT
DISTRICT OF ARIZONA

VERIFICATION OF QUALIFICATIONS TO ACT AS MEDIATOR
IN THE MORTGAGE MODIFICATION MEDIATION PROGRAM (MMM)

Name: _____

Bar ID (list all applicable state bar numbers): _____

Address: _____

Telephone Number: _____ E-mail Address: _____

In accordance with the Mortgage Modification Mediation Procedures for the District of Arizona, I verify that I am qualified for and agree to serve as a Mediator for two (2) years. I understand that I must reapply for each new two-year term thereafter.

1. Minimum Qualifications to act as a Mediator in the Arizona MMM program.

   a. I am a registered user on PACER and CM/ECF.

   b. I have satisfactorily completed at least six (6) hours of MMM training presented by _____ and: (check all that apply)

   ☐ I am an active and licensed member of the Arizona Bar and have been admitted to practice in a state or federal court for at least five (5) years.

   ☐ I am a retired Arizona state court judge or federal judge.

   ☐ I am an active panel trustee in good standing with the Office of the United States Trustee with at least five (5) years of service as a panel Trustee in Arizona.

   ☐ I am an active and licensed member of the _____ bar and approved MMM mediator on the register of mediators with the Clerk of the United States Bankruptcy Courts for the District of _____ through _____. I agree to accept MMM assignments in Arizona.

2. Additional Qualifications to be considered: (check all that apply)

   ☐ I have completed the following legal education on mediation, in addition to or other than as described above. (ATTACH CERTIFICATE TO THIS SHEET)

☐ I have completed at least _____ mediation sessions, including _____ MMM sessions.

☐ I am a full ☐ or part-time ☐ bankruptcy practitioner with _____ years' experience.

☐ I have working knowledge of governmental and banking mortgage modification programs (please list):

☐ Add here any other relevant factors that should be considered:

3. Additional required information: (answer all that apply)

☐ There are or have been no disciplinary proceedings instituted against the applicant, nor any suspension of any license, certificate or privilege to appear before any judicial, regulatory or administrative body, or any resignation or termination in order to avoid disciplinary or disbarment proceedings, except as described in detail below:

☐ Applicant has never been denied admission to the State Bar of Arizona. (Give particulars if ever denied admission):

☐ Applicant is a member of good standing in all the following State Bar Associations:

4. I have taken the oath or affirmation prescribed by 28 U.S.C. § 453 and have attached proof thereof to this Verification.

5. I agree to accept the current compensation rate established by the United States Bankruptcy Court for the District of Arizona.

I am familiar with and will comply with all notice and reporting requirements as implemented in General Order 23-2 and the MMM Program Procedures and Forms.

I will disclose to the Court any bias or prejudice which may disqualify me as a mediator.

I will accept referrals for cases filed in: (check all that apply):

☐ Phoenix ☐ Tucson ☐ Yuma

I certify under penalty of perjury that all the information on this form is true.

By: _____
(Signature)

_____
(Print Name)

THIS FORM MUST BE FILED WITH THE CLERK'S OFFICE AT 230 N. 1ST AVE., STE 101, PHOENIX, AZ 85003 OR 38 S. SCOTT AVE., TUCSON, AZ 85701. YOU MAY ATTACH A ONE PAGE RESUME TO THIS VERIFICATION.

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MEDIATOR'S OATH

Each mediator of the United States Bankruptcy Court shall take the following oath or affirmation before performing the duties of his office:

"I, _____ do solemnly swear or affirm that I will administer justice without respect to persons, and do equal rights to the poor and to the rich, and that I will faithfully and impartially discharge and perform all the duties incumbent upon me as a mediator for the United States Bankruptcy Court, District of Arizona, under the Constitution and laws of the United States."

By: _____
(Signature)

_____
(Print Name)

State of _____)
)
County of _____)

Subscribed and sworn before me this _____ day _____, 20___.

(seal)

_____
Notary Public