



**United States Bankruptcy Court
Northern District of California**

**Bankruptcy Dispute Resolution Program
Resolution Advocate Application**

Applicant's Name: _____

Firm: _____

Address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____ E:MAIL: _____

AREAS OF EXPERTISE OR BACKGROUND:

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Environment | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Family | <input type="checkbox"/> Partnerships |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Labor/Employment | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Business | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Lender Liability | <input type="checkbox"/> Workouts |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Malpractice | <input type="checkbox"/> Other (Please specify) |
-

ALTERNATIVE DISPUTE RESOLUTION BACKGROUND:

Training: (Provider and Number of Hours) _____

Other Relevant Skills/ Participation in other programs or panels: _____

**GEOGRAPHIC AREAS IN WHICH IN WHICH YOU ARE WILLING TO CONDUCT
RESOLUTION CONFERENCES:**

- | | |
|---|---|
| <input type="checkbox"/> McKinleyville/Eureka | <input type="checkbox"/> San Jose |
| <input type="checkbox"/> Oakland | <input type="checkbox"/> Santa Rosa |
| <input type="checkbox"/> Salinas/Monterey | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> San Francisco | _____ |

ATTORNEY APPLICANTS:

I am member in good standing of the California bar or other states as itemized, and the Northern District of California.

Bar # _____ Date Admitted _____ State of Admission _____

Date Admitted to Northern District _____

NON-ATTORNEY APPLICANTS:

I am a member in good standing of or have valid and current license with the following:

_____ Date Admitted _____

_____ Date Admitted _____

ALL APPLICANTS:

I hereby certify I am willing to serve as a Resolution Advocate for a term of one year and all the information in this application is true and correct. I consent to the disclosure of the information contained in this application to court personnel and to parties and their representatives whose matters have or may be referred to the BDRP. If I am applying as a bankruptcy attorney, I hereby certify that I have served as the principal attorney of record in active matters in at least three (3) bankruptcy cases from case commencement to the earlier of the date of this application or conclusion of the case or have served as the principal attorney of record for a party in interest in at least three (3) adversary proceedings or contested matters from commencement through conclusion.

DATED: _____

Signature

Complete the application and mail to:

Ron Mastroianni
United States Bankruptcy Court
450 Golden Gate Avenue
Mail Box 36099
San Francisco, CA 94102

or Fax to:
(415) 268-2304 Attn: Ron Mastroianni

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or Email to:
ron_mastroianni@canb.uscourts.gov