

**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 the calendar year of 20\_\_, after which I must reapply, as follows:

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. 1<sup>ST</sup> AVE.,  
STE 101, PHOENIX, AZ 85003 OR 38 S. SCOTT AVE., TUCSON, AZ 85701.  
YOU MAY ATTACH A ONE PAGE RESUME TO THIS VERIFICATION.**

