

APPLICATION FOR JUDGE PRO TEMPORE PROGRAM

BIOGRAPHICAL DATA

Name: _____

Firm Name: _____

Address: _____

Phone No.: _____

E-mail: _____

Years in Practice: _____

Have you tried more than 5 major cases to verdict: Yes ___ No ___

Please check areas of expertise:

General Liability: _____

Commercial/Contract: _____

Construction: _____

Medical Malpractice: _____

Products Liability: _____

Toxic Torts: _____

Are you available to serve on an emergency basis? Yes _____ No _____

Please return completed form to:

**Peter J. Divon, Manager
Dispute Resolution Center
691 City Hall
Philadelphia, PA 19107
Phone: 215-686-7914
E-Mail: peter.divon@courts.phila.gov**