

# ASSOCIATION OF ATTORNEY-MEDIATORS

## Reference Questionnaire

Applicant Name: \_\_\_\_\_ Reference Firm/Court: \_\_\_\_\_  
Reference Name: \_\_\_\_\_ Reference Address: \_\_\_\_\_  
\_\_\_\_\_

**TO THE EVALUATOR:** The person named above has applied for membership to the Association of Attorney-Mediators and has asked you to evaluate his/her professional abilities. *This form is confidential.* Upon completion, please send it directly to *Association of Attorney-Mediators, Post Office Box 741955, Dallas, Texas 75374-1955.* For additional information or questions, you may call **(800) 280-1368** or (972)669-8101. This form **may be forwarded via facsimile to (972) 669-8180.** To contact AAM by e-mail, send inquiries to [aam@airmail.net](mailto:aam@airmail.net)

1. How long and in what capacity have you known the applicant?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are you currently affiliated with the applicant in any business matters? If so, please identify your relationship.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you feel you know the applicant well enough to give a valid recommendation?  Yes  No

4. Please rate the following accordingly:

	Excellent	Very Good	Good	Fair	Poor
Applicant's ability to communicate	1	2	3	4	5
Applicant's honesty and integrity	1	2	3	4	5
Applicant's commitment to service	1	2	3	4	5
Applicant's ability to get along with others	1	2	3	4	5
Applicant's diligence	1	2	3	4	5
Applicant's ethics	1	2	3	4	5

5. How would you rate the applicant's suitability to act as a mediator? (*check one*)

Highly Qualified  Qualified  Unqualified

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_