

**Please be advised:**

**Referee applications will only be accepted during the time that  
the Division has an open solicitation.**

**\*\*\*\*\*currently there is no open solicitation\*\*\*\*\***

**STATE OF NEVADA**  
**DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION**  
**OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS**  
3300 West Sahara Avenue, Suite 350 \* Las Vegas, NV 89102  
(702) 486-4480 \* Toll free: (877) 829-9907 \* Fax: (702) 486-4520  
E-mail: [CICombudsman@red.nv.gov](mailto:CICombudsman@red.nv.gov) <http://red.nv.gov>

**ALTERNATIVE DISPUTE RESOLUTION**  
**REFEREE / ARBITRATOR APPLICATION FORM**  
**(Please Print or Type)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Daytime number: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

NEVADA BAR ID# \_\_\_\_\_ Current Member Status: \_\_\_\_\_  
Must be in good standing

Current Specialization(s): \_\_\_\_\_

List major area of specialization or subject expertise related to homeowner association knowledge/operation: real estate, CC&R's, bylaws, budgets, accounting, injuries, construction, insurance, etc., as well as NRS 116:

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

**Qualifications:**

List formal training on the hearing of cases/claims and issuance of decisions:

Course/Training Titles: \_\_\_\_\_

Date(s): \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Provider Name/Address: \_\_\_\_\_

Completion Validation: \_\_\_\_\_

*(Attach additional training if applicable)*

**PLEASE INDICATE IF YOU WOULD LIKE TO BE CONSIDERED FOR THE ADR MEDIATION PANEL:**

Yes, I would like to be considered  No, I do not wish to be considered

**PLEASE INDICATE IF YOU WOULD LIKE TO BE CONSIDERED FOR THE ADR ARBITRATION PANEL:**

Yes, I would like to be considered  No, I do not wish to be considered

**Name of Mediation/Arbitration organization or service:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Member Since: \_\_\_\_\_

Please describe any experience with the resolution of homeowner association disputes. If no experience, please enter N/A:

**Geographic Service Area:**

- Reno/Carson/Tahoe Area
- Central Nevada
- Northeastern Nevada
- Greater Las Vegas Area

Please list foreign languages, or sign language, in which you have sufficient fluency to serve as a neutral:

***Fee and Expenses:***

\_\_\_\_\_ I acknowledge that my rate will be a maximum of **\$200** per **hour**, not to exceed a total of **\$1,000** per Referee hearing.

\_\_\_\_\_ I acknowledge that Mediation proceedings may be subsidized by the Division as per **NAC 116.520** in an amount not to exceed \$500 or \$250 for each party who is eligible for subsidy, whichever is less.

\_\_\_\_\_ I acknowledge that Referee proceedings are subsidized to the extent funds are available.

\_\_\_\_\_ Should I be appointed to the ADR Mediation panel, I acknowledge that as per NRS 38.330(2), all mediations are to be conducted at the maximum rate of \$500 for no more than (3) hours. Any additional mediation time must be agreed upon by all parties involved, and the rate of this additional time is to be no more \$200.00 per hour.

\_\_\_\_\_ I CERTIFY that the above information and any other information I am submitting for this application is true and correct to the best of my knowledge and that I may be removed from the Referee panel or the approved Division Neutral List for intentionally falsifying the information provided. False certification may also subject me to civil or criminal penalties. I understand that all of the information provided is a public record. I agree to comply with all provisions of NRS Chapter 38.

\_\_\_\_\_ If I am listed on the Division Neutral List, I agree to perform resolution services to the best of my ability in an ethical and proper manner and in accordance with the time provisions of the Referee process.

\_\_\_\_\_ I acknowledge that unless otherwise agreed to by the parties, the referee is appointed on a rotating basis within the discretion of the Division.

\_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_ ss. COUNTY OF \_\_\_\_\_

***I certify that this is a true and correct copy of a document in the possession of*** \_\_\_\_\_  
PRINT NAME

Notary Signature \_\_\_\_\_ Commission Expiration: \_\_\_\_\_