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NVB 105-1(Effective 1/15)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

\* \* \* \* \*

VERIFICATION OF QUALIFICATIONS TO ACT AS MEDIATOR  
IN THE MORTGAGE MODIFICATION MEDIATION (MMM)

Name: David M. Crosby

Bar ID (list all applicable state bar numbers): 3499

Address: 710 S. 8th Street, Las Vegas, NV 89101

Phone Number: (702) 382-7500 E-mail Address: crosbydm@cox.net

In accordance with Administrative Order 2014-08, I verify that I am qualified for and agree to serve as a mediator for a period of three years, after which I must reapply, under this rule as follows:

1. Minimum Qualifications to act as a Mediator in the Nevada MMM program: (check one)

I am an active and licensed member of the Nevada Bar and have been admitted to practice in a state or federal court for at least the past 7 years.

I am a retired Nevada state court judge or federal judge.

I am a registered user on PACER and CM/ECF.

Notwithstanding the 3 year period to act as a mediator above, I am an active and licensed member of the Florida bar and an approved member on the Register of Mediators with the Clerks of the United States Bankruptcy Courts for the Districts of Florida and will accept MMM Assignments for a period limited to one year commencing January 1, 2015 and ending December 31, 2015.

2. Additional Qualifications to be considered: (check all that apply)

I have completed a minimum of a 40 hour course on mediation offered by an accredited mediation school. (ATTACH CERTIFICATE TO THIS SHEET)

I have completed at least 25 mediation sessions.

I am a full  or part-time  bankruptcy practitioner with 25 years' experience.

I have working knowledge of HAMP I and II, as well as other Governmental and banking mortgage modification programs (please list):

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Add here any other relevant factors that should be considered:

Have been active in the State of Nevada home foreclosure mediation program since its inception in 2009. Have had various cases in the Supreme Court and a couple favorable highly referenced decisions.

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3. Additional required information: (answer all that apply)

There are or have been no disciplinary proceedings instituted against mediator, 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:

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Mediator has never been denied admission to the State Bar of Nevada. (Give particulars of ever denied admission):

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Mediator is a member of good standing in all the following Bar Associations:

Southern Nevada Association of Bankruptcy Attorneys;

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State Bar of Nevada; National Association of Chapter 13 Trustees

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National Association of Consumer Bankruptcy Attorneys

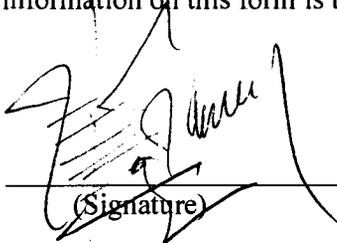
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4. I have taken the oath or affirmation prescribed by 28 U.S.C. §453 and have attached proof thereof to this Verification.

5. I agree to accept the current compensation rate established by the United States Bankruptcy Court District of Nevada.
6. I am familiar with and will comply with all notice and reporting requirements as implemented in Administrative Order 2014-08 and the MMM Program Procedures and Forms.
7. I will disclose to the court any bias or prejudice which may disqualify me as a mediator.
8. I will accept referrals for cases filed in the southern division.

I certify under penalty of perjury that all the information on this form is true.

By:



(Signature)

David M. Crosby  
(Print Name)

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

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MEDIATOR'S OATH

Each mediator of the United States Bankruptcy Court shall take the following oath or affirmation before performing the duties of his office:

*"I, David M Crosby do solemnly swear or affirm that I will administer justice without respect to persons, and do equal rights to the poor and to the rich, and that I will faithfully and impartially discharge and perform all the duties incumbent upon me as a mediator for the United States Bankruptcy Court, District of Nevada, under the Constitution and laws of the United States."*

By:   
(Signature)  
David M. Crosby  
(Print Name)

SWORN TO AND SUBSCRIBED

before me on 1-15-15  
by 

NOTARY PUBLIC, State of Nevada, County of CLARK

My Commission Expires:



**THIS FORM MUST BE FILED WITH THE CLERK'S OFFICE AT 300 LAS VEGAS BOULEVARD SOUTH, LAS VEGAS, NV 89101.  
YOU MAY ATTACH A ONE PAGE RESUME TO THIS VERIFICATION.**