

SAN MATEO COUNTY SUPERIOR COURT ADR PROGRAM NEUTRAL PANELS APPLICATION

APPLICANT (check all that apply):

- Civil ADR Program:** Mediator Neutral Evaluator Eligibility preferences: served as a mediator/evaluator in 10 matters
- Probate ADR Program:** Mediator Neutral Evaluator Eligibility preferences: served as a mediator/evaluator in 10 probate matters
- Family Law ADR Program:** Mediator Arbitrator Minimum eligibility: Licensed attorney; family law legal practice; served as a neutral in 10 matters
- Judicial Arbitration Program:** Minimum eligibility: active membership in State Bar of California

APPLICANT INFORMATION

| | |
|---|---------------|
| Name: | Mobile Phone: |
| Email address: | Phone: |
| Current residence address (Confidential): | |

CURRENT EMPLOYMENT/PRACTICE INFORMATION

| | | |
|------------------------------------|---|---|
| Current employer or firm: | | |
| Employer/firm address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | URL: |
| Attorney: <input type="checkbox"/> | Non-Attorney Professional Mediator/Arbitrator: <input type="checkbox"/> | Retired Judge/Justice: <input type="checkbox"/> |

EMERGENCY CONTACT (CONFIDENTIAL)

| | |
|---------------------------|---------------|
| Name: | Phone: |
| Address or Email address: | Relationship: |

EDUCATION

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| Institution: | |
| Course of Study: | Degree / Certificate: |
| Institution: | |
| Course of Study: | Degree / Certificate: |

MEDIATION TRAINING

The minimum required training is a course consisting of 40 hours of continuous instruction by a sole provider that includes a significant role play component (~16 hours). **Attach copy of proof of completion to application.**
Relevant experience may be substituted for this minimum training requirement on a case-by-case basis as appropriate.

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|-----------------------------------|-----------------|
| Name of Institution / Instructor: | |
| Number of hours completed: | Date completed: |

ADDITIONAL MEDIATION TRAINING

Please include the provider, year, and number of hours of the training

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LANGUAGE AND/OR BICULTURAL COMPETENCIES

Languages, other than English, in which you are comfortable conducting an ADR session:

Bicultural competencies and/or experience working with marginalized communities:

PROFESSIONAL REFERENCES

Please list individuals who know you in a professional context (as closely related to your work as an ADR practitioner as possible) who are familiar with your skills, training, background or experience.
Please submit a letter of support for each reference named below.

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|-----------|----------------|
| (1) Name: | Relationship: |
| Phone: | Email address: |
| (2) Name: | Relationship: |
| Phone: | Email address: |
| (3) Name: | Relationship: |
| Phone: | Email address: |

RELEVANT MEDIATION EXPERIENCE

Please list your experience in serving as a sole mediator in matters by completing the table below. The first entry is completed as an example.
Attach extra sheets as necessary; if completing as a word doc, expand last row with as many entries as necessary.

| TYPE OF MATTER | SPECIFIC ISSUES IN DISPUTE | NUMBER OF MATTERS | APPROXIMATE DURATION OF EACH | WHEN CONDUCTED? |
|-------------------|--|-------------------|------------------------------|------------------|
| <i>Employment</i> | <i>Wrongful termination; sexual harassment</i> | <i>15</i> | <i>8+ hours</i> | <i>2015-2017</i> |
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RELEVANT ARBITRATION EXPERIENCE

Please list your experience in serving as an arbitrator in matters by completing the table below. The first entry is completed as an example.
Attach extra sheets as necessary; if completing as a Word doc, expand last row with as many entries as necessary.

| TYPE OF MATTER | SPECIFIC ISSUES IN DISPUTE | NUMBER OF MATTERS | APPROXIMATE DURATION OF EACH | WHEN CONDUCTED? | DECISION BINDING? Y/N |
|-------------------|--|-------------------|------------------------------|------------------|-----------------------|
| <i>Employment</i> | <i>Wrongful termination; sexual harassment</i> | <i>6</i> | <i>20+ hours</i> | <i>2015-2017</i> | <i>4Y; 2N</i> |
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| PROFESSIONAL HOURLY FEES | | | |
|--|---------------------------------|---------------------|--|
| Hourly Mediation Fee: | Hourly Arbitration Fee: | | |
| Hourly Neutral Evaluation Fee: | Other Cost Passed on to Parties | | |
| All ADR panelists in MAP are required to provide one free session per year. Are you able to provide one free session per year. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| CURRENT MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS | | | |
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| CURRENT MEMBERSHIP ON NEUTRAL / ADR PANELS | | | |
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| PROFESSIONAL INSURANCE COVERAGE | | | |
| Attach policy declaration page to application. | | | |
| Type of coverage: | Policy limits: | | |
| Carrier name: | Expiry date: | | |
| PROFESSIONAL LICENSES (NON-ATTORNEY) | | | |
| OPTIONAL – only if relevant to your ADR practice | | | |
| Type of license: | License number: | | |
| Date issued: | Expiry date: | State where issued: | |
| How does this license apply to your ADR practice? | | | |
| REQUIRED FOR ALL APPLICANTS: | | | |
| Have you ever had a professional license suspended or revoked (includes license to practice law) ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been subjected to disciplinary action by any licensing agency, public agency or ADR referral entity (includes State Bar)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Explain any "yes" responses given in the section above: | | | |
| | | | |
| Please describe your mediation style and/or your approach to mediation (for mediator applicants). | | | |
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Please describe your approach to arbitration (for arbitrator applicants).

Please describe your approach to neutral evaluation (for neutral evaluator applicants).

What interests you in serving as a neutral on the San Mateo Superior Court panel(s)?

Non-attorney applicants: Please list your areas of subject matter expertise for which parties can engage your services.

Non-attorney applicants: please sign and date form and email to adr@sanmateocourt.org or mail to Superior Court, County of San Mateo, c/o Laurie Mikkelsen, ADR Division, 400 County Center, Redwood City, CA 94063.

Attorney/former member of the judiciary applicants: please continue to additional page; do not sign on this page.

Signature of non-attorney applicant:

Date:

BAR ADMISSION INFORMATION

Active member of California State Bar? Yes No

Date admitted:

California State Bar No.

If inactive, date:

Admitted to Bar of another state?

State:

Date admitted:

Bar No. of other state:

Former member of the judiciary or former court commissioner? Yes No

If yes, jurisdiction:

Dates served:

LEGAL PRACTICE BY SUBJECT MATTER EXPERTISE

| SUBJECT MATTER | Percentage of current practice in this area | Percentage of practice in this area – for all years in practice | Certified specialist in this area? | Years of judicial experience in this area |
|--|--|--|---|--|
| Personal Injury / Auto | | | | |
| Personal Injury / Other | | | | |
| Employment | | | | |
| Business / Breach of Contract | | | | |
| Real Estate / Eminent Domain | | | | |
| Wrongful Eviction | | | | |
| Probate: Estates & Trusts | | | | |
| Probate: Conservatorships, Guardianships & Elder Law | | | | |
| Construction Defect | | | | |
| Insurance | | | | |
| Legal Malpractice | | | | |
| Medical / Dental Malpractice | | | | |
| Environmental | | | | |
| Intellectual Property | | | | |
| Securities | | | | |
| Class Action / Complex Litigation | | | | |
| Landlord/Tenant | | | | |
| Family Law: Dissolutions, Child Custody & Visitation | | | | |
| Family Law: Domestic Violence | | | | |
| Family Law: Same Sex Unions | | | | |
| Other Subject Matter (Specify): | | | | |

FOR JUDICIAL ARBITRATOR APPLICANTS ONLY: If your practice involves representing clients in personal injury matters, please indicate the percentage that are
 Plaintiffs: _____ Defendants: _____

Attorney/Judicial Officer applicants: please sign and date form and email to adr@sanmateocourt.org or mail to Superior Court, County of San Mateo, c/o Laurie Mikkelsen, ADR Division, 400 County Center, Redwood City, CA 94063.

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| Signature of applicant: | Date: |
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