

## MEDIATION PANEL APPLICATION FORM

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

LAST	FIRST	MIDDLE
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Areas of Legal Practice:

INDICATE ALL THAT APPLY AND THE LENGTH OF TIME PRACTICED IN EACH AREA

<input type="checkbox"/>	Admiralty .....	_____
<input type="checkbox"/>	Americans with Disabilities Act of 1990 .....	_____
<input type="checkbox"/>	Alternative Dispute Resolution .....	_____
<input type="checkbox"/>	Antitrust .....	_____
<input type="checkbox"/>	Bankruptcy .....	_____
<input type="checkbox"/>	Business - Commercial Litigation .....	_____
<input type="checkbox"/>	Civil Rights .....	_____
<input type="checkbox"/>	Class Actions .....	_____
<input type="checkbox"/>	Consumer Credit .....	_____
<input type="checkbox"/>	Copyright - Trademark .....	_____
<input type="checkbox"/>	Employment - Discrimination - Wrongful Termination .....	_____
<input type="checkbox"/>	Environmental .....	_____
<input type="checkbox"/>	ERISA .....	_____
<input type="checkbox"/>	Foreclosure .....	_____
<input type="checkbox"/>	Individuals with Disabilities Education Improvement Act (IDEIA) .....	_____
<input type="checkbox"/>	Insurance Coverage - Bad Faith .....	_____
<input type="checkbox"/>	Labor .....	_____
<input type="checkbox"/>	Patent .....	_____
<input type="checkbox"/>	Personal Injury .....	_____
<input type="checkbox"/>	Product Liability .....	_____
<input type="checkbox"/>	Professional Negligence .....	_____
<input type="checkbox"/>	Real Estate - Construction .....	_____
<input type="checkbox"/>	Securities .....	_____
<input type="checkbox"/>	Tax .....	_____
<input type="checkbox"/>	Transportation .....	_____

Please provide a brief statement as to how you have demonstrated your expertise in the above-mentioned areas of law and why you consider yourself qualified to be appointed to the Central District's Mediation Panel:

Please provide a brief statement as to your trial, litigation, and ADR experience:

How did you learn about or who referred you to this Panel?

Please provide the names, addresses and telephone numbers of three (3) references (who the reviewers may contact) who are members of the Bar of the United States District Court for the Central District of California:

(1)

NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE

EXTENSION

CITY

STATE

ZIP CODE

OTHER NUMBER (HOME, MOBILE, ETC.)

(2)

NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE

EXTENSION

CITY

STATE

ZIP CODE

OTHER NUMBER (HOME, MOBILE, ETC.)

(3)

NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE

EXTENSION

CITY

STATE

ZIP CODE

OTHER NUMBER (HOME, MOBILE, ETC.)

There are formal dispute resolution training requirements for all Panel members. To assist the court, please indicate one of the following:

☐ No, I have not attended formal dispute resolution training.

☐ Yes, I have attended formal dispute resolution training as follows:

DATE(S) OF TRAINING

HOURS COMPLETED

COURSE PROVIDER

COURSE NAME

DATE(S) OF TRAINING

HOURS COMPLETED

COURSE PROVIDER

COURSE NAME

DATE(S) OF TRAINING

HOURS COMPLETED

COURSE PROVIDER

COURSE NAME

DATE(S) OF TRAINING

HOURS COMPLETED

COURSE PROVIDER

COURSE NAME

**Note:** Please attach a copy of the completion certificate for each training course listed above.

**Please attach a resume (1-2 pages) to your application.**

As a separate endeavor, the district court is looking for volunteer attorneys who are available and willing to represent a pro se litigant, including possibly a prisoner, for the limited purpose of a settlement conference. Please indicate whether you are willing to participate in this project. ☐ YES ☐ NO

By signing below, I certify that the information provided on this application is true and correct. I further acknowledge that I have read and understand the Compensation Policy that is set forth in General Order 11-10, § 3.8. If appointed to the Central District's Mediation Panel, I will adhere to the compensation policy when serving in my official capacity and understand that violation of this policy may serve as grounds for dismissal from the Panel.

DATED

SIGNATURE OF APPLICANT