UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

MEDIATION PANEL APPLICATION FORM

Pursuant to Central District of California General Order 11-10, I am applying for appointment to the Mediation Panel. As a condition of service on the Mediation Panel, I agree not to make reference to being a member of the Mediation Panel on a business card, letterhead, or while seeking elective office.

The following	information is supp	olied in support of this a	pplication:		
Name:					
	LAST	FIRST		MIDDLE	
Check one: New Application Re-Application (check one): No new information is submitted from my previously submitted application(s). If this box is checked, please initial and date where indicated at the end of this section and fax this page only to the ADR Program Office at 213-894-5084 or scan and return by e-mail to ADR_Coordinator@cacd.uscourts.gov. INITIAL DATE					
	page thre		y, along with a	any supplemental mate	sign the application on rial, to the ADR Program ator@cacd.uscourts.gov.
Business:					_
FIRM	I NAME			BUSINESS TELEPHONE	EXTENSION
STRE	EET ADDRESS		SUITE	BUSINESS FAX	
CITY		STATE	ZIP CODE	BUSINESS E-MAIL ADDRE	SS
State Bar Memberships:					
STAT	STATE		BAR ID NUMBER		DATE OF ADMISSION
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Of total caselo		ases personally handled i	in federal cour		years: % ntation (list no more than

Areas of Legal INDICATE ALL	Practice: THAT APPLY AND THE LENGTH OF TIME PRACTICED IN EACH AREA			
	Admiralty			
	Americans with Disabilities Act of 1990			
	Alternative Dispute Resolution			
	Antitrust			
	Bankruptcy			
	Business - Commercial Litigation			
	Civil Rights			
	Class Actions			
	Consumer Credit			
	Copyright - Trademark			
	Employment - Discrimination - Wrongful Termination			
	Environmental			
	ERISA			
	Foreclosure			
	Individuals with Disabilities Education Improvement Act (IDEIA)			
	Insurance Coverage - Bad Faith			
	Labor			
	Patent			
	Personal Injury			
	Product Liability			
	Professional Negligence			
	Real Estate - Construction			
	Securities			
	Tax			
	Transportation			
-	e a brief statement as to how you have demonstrated your expertise in the above-mentioned areas of law and der 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?				

(1)NAME **BUSINESS ADDRESS** BUSINESS TELEPHONE EXTENSION CITY ZIP CODE OTHER NUMBER (HOME, MOBILE, ETC.) STATE (2)NAME **BUSINESS ADDRESS** BUSINESS TELEPHONE EXTENSION CITY STATE ZIP CODE OTHER NUMBER (HOME, MOBILE, ETC.) (3)NAME **BUSINESS ADDRESS** BUSINESS TELEPHONE **EXTENSION** OTHER NUMBER (HOME, MOBILE, ETC.) CITY STATE ZIP CODE 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 HOURS COMPLETED DATE(S) OF TRAINING COURSE PROVIDER COURSE NAME DATE(S) OF TRAINING HOURS COMPLETED COURSE PROVIDER COURSE NAME HOURS COMPLETED DATE(S) OF TRAINING 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 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

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: