

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

*HANDWRITTEN APPLICATIONS
WILL NOT BE ACCEPTED*

**MEDIATION PANEL
APPLICATION FORM**

*APPLICATIONS ACCEPTED ANNUALLY
FROM JANUARY 1 - MARCH 31*

Please attach additional pages as needed to provide complete responses.

Name: _____
LAST FIRST MIDDLE

This is the first time I have applied for membership on the Central District Mediation Panel.

I submitted an application for Panel membership in one or more previous application cycles, most recently in _____ YEAR.

I was previously a member of the Central District Mediation Panel, from _____ YEAR to _____ YEAR.

Business:

_____	_____	_____	_____
<small>FIRM NAME</small>	<small>BUSINESS TELEPHONE</small>	<small>EXTENSION</small>	
_____	_____	_____	_____
<small>STREET ADDRESS</small>	<small>SUITE</small>	<small>CELL PHONE</small>	
_____	_____	_____	_____
<small>CITY</small>	<small>STATE</small>	<small>ZIP CODE</small>	<small>BUSINESS EMAIL ADDRESS</small>

			<small>ALTERNATE EMAIL ADDRESS</small>

Describe Current Practice:

Full-time Neutral Full-time Litigator Other (*explain below*)

Total number of years of legal practice: _____

Date admitted to the Bar of this Court: _____

State Bar Memberships:

_____	_____	_____
<small>STATE</small>	<small>BAR ID NUMBER</small>	<small>DATE OF ADMISSION</small>
_____	_____	_____
<small>STATE</small>	<small>BAR ID NUMBER</small>	<small>DATE OF ADMISSION</small>
_____	_____	_____
<small>STATE</small>	<small>BAR ID NUMBER</small>	<small>DATE OF ADMISSION</small>

List all other courts to which you have been admitted and provide the current status of your membership.

<u>Name of Court</u>	<u>Date of Admission</u>	<u>Active Member in Good Standing? (if not, please explain)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide a brief statement as to why you consider yourself qualified to be appointed to the Central District's Mediation Panel:

Approximately how many mediations have you participated in as:

a mediator? _____ an attorney? _____

other
(explain)?

Please provide a brief statement describing your ADR experience:

Of total case load, percentage of cases personally handled in federal court:

If you are currently practicing law, within the last 5 years: _____ %

If no longer practicing, during your last 5 years of practice: _____ %, from _____ YEAR to _____ YEAR .

Please provide a brief statement describing your litigation experience:

List up to 5 of the most significant cases you personally handled in federal court (excluding pro per representation):

<u>Case Number</u>	<u>Case Name</u>	<u>Court</u>	<u>Judge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Areas of Legal Practice: CHECK ALL THAT APPLY AND PROVIDE THE NUMBER OF YEARS PRACTICED IN EACH AREA.

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

Please provide a brief statement as to how you have demonstrated your expertise in these areas of law:

Please provide the names and current contact information for three references, preferably members of the Bar of this Court. Your references will be contacted during the application process. Note that if we are unable to reach your references your application may not be considered, so please be sure to provide updated contact information if anything changes after you submit your application.

(1)

_____ NAME	_____ BUSINESS EMAIL
_____ NAME OF FIRM OR ORGANIZATION	_____ OTHER EMAIL
_____ BUSINESS ADDRESS	_____ BUSINESS TELEPHONE EXTENSION
_____ CITY STATE ZIP CODE	_____ OTHER NUMBER (HOME, MOBILE, ETC.)

(2)

_____ NAME	_____ BUSINESS EMAIL
_____ NAME OF FIRM OR ORGANIZATION	_____ OTHER EMAIL
_____ BUSINESS ADDRESS	_____ BUSINESS TELEPHONE EXTENSION
_____ CITY STATE ZIP CODE	_____ OTHER NUMBER (HOME, MOBILE, ETC.)

(3)

_____ NAME	_____ BUSINESS EMAIL
_____ NAME OF FIRM OR ORGANIZATION	_____ OTHER EMAIL
_____ BUSINESS ADDRESS	_____ BUSINESS TELEPHONE EXTENSION
_____ CITY STATE ZIP CODE	_____ OTHER NUMBER (HOME, MOBILE, ETC.)

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

There are formal dispute resolution training requirements for all Panel members. Your application may not be considered unless you have already completed at least 32 hours of such training or demonstrate concrete plans to attend such training in the year of application. Please indicate one of the following:

- No, I have not attended formal dispute resolution training.
- No, I have not attended formal dispute resolution training, but I plan to attend the training listed below.
- Yes, I have attended formal dispute resolution training as follows:

_____ DATE(S) OF TRAINING	_____ HOURS	_____ COURSE PROVIDER	_____ COURSE NAME
_____ DATE(S) OF TRAINING	_____ HOURS	_____ COURSE PROVIDER	_____ COURSE NAME
_____ DATE(S) OF TRAINING	_____ HOURS	_____ COURSE PROVIDER	_____ COURSE NAME

Note: Please attach a copy of the completion certificate for each training course listed above. For training completed after application is submitted, please forward a copy of the certificate to ADR_Coordinator@cacd.uscourts.gov when received.

Please attach a resume (1-2 pages) to your application. Return your completed application and all supporting material in PDF format, preferably combined into one PDF document, to ADR_Coordinator@cacd.uscourts.gov.

Please initial each item below to indicate your agreement/understanding, then sign where indicated:

I have read and am familiar with General Order 11-10, which governs the Court's ADR Program.	<input type="checkbox"/>
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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.	<input type="checkbox"/>
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I acknowledge that I have read and understand the Compensation Policy set forth in General Order 11-10, § 3.8. If appointed to the 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.	<input type="checkbox"/>
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I understand that appointment to the Mediation Panel is for a term of two years, and that terms may be renewed at the discretion of the Court upon the consent and reapplication of the Panel Member.	<input type="checkbox"/>
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I understand that Panel Members are expected to mediate at least two cases through the ADR Program during each term.	<input type="checkbox"/>
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I understand that, if I am appointed to the Mediation Panel, I will be required to maintain an account in the Court's CM/ECF System and to electronically file documents in connection with the cases in which I serve as an appointed mediator.	<input type="checkbox"/>
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I understand that, if I am appointed to the Mediation Panel, I will be required to attend a mandatory Orientation session for new Panel Members and to complete other administrative requirements before my term begins. I further understand that, if I have not completed these requirements and attended an Orientation session by September 30 of the year in which I am appointed, I will be required to reapply the following year.	<input type="checkbox"/>
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By signing below, I certify that the information provided on this application is true and correct.

DATED

SIGNATURE OF APPLICANT