



SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

720 NINTH STREET ~ ROOM 101
SACRAMENTO, CA 95814-1380

(916) 874-5522
WWW.SACCOURT.CA.GOV

MEDIATION PANELIST APPLICATION

Please be advised that as a consequence of budget cuts, the Court no longer pays for mediators; in view of their court-appointed status, all mediators are required to provide three hours of pro-bono services per case. Additional hours agreed upon by the litigants are at the expense of the parties.

The Court greatly values the panel of volunteers and the benefits the program provides to the litigants, counsel, and the Court. Thank you for your willingness to reside on the panel and submitting your application for review.

I. GENERAL INFORMATION

Name: _____

Current Occupation: _____

Name of firm: _____

Firm Address: _____

Telephone Number: _____ Length of time employed at firm? _____

Facsimile Number: _____ E-mail address: _____

Best time to call: _____

Confidential and Optional: Home telephone number: _____ Cell phone number: _____

Home Address: _____

II. PROFESSIONAL EXPERIENCE

Date admitted to the California Bar: _____ Active Inactive

Bar Number: _____

Are you a certified specialist in any area of law? Yes _____ No _____ If yes, state area of law:

Are you licensed in a profession or occupation other than the practice of law? Yes No

Occupation: _____ Licensing Agency: _____

State: _____ License Number: _____

Summarize professional experience, particularly during the last five years: _____

APPLICANT'S INITIALS: _____



Employment

Place of Employment	Position	Dates (from – to)

Language Capabilities

Languages, other than English, in which you can conduct a mediation: _____

Degree of Fluency (Comfortable conducting mediation in foreign language): _____

III. SUBJECT MATTER AND PROCESS EXPERIENCE

Please indicate no more than four areas in which you have subject matter and process expertise.

- Personal Injury
- Employment
- Business
- Real Estate/Eminent Domain
- Professional Malpractice (Indicate legal, medical, etc.) _____
- Probate: Estates and/or Conservatorships
- Construction Defect
- Public Agency
- Insurance
- Environmental
- Securities and/or Intellectual Property
- Other Areas of Subject Matter Expertise (Specify) _____

IV. EDUCATION, TRAINING AND EXPERIENCE

Please indicate the combination of education, training and experience you possess which you believe qualifies you for inclusion on the mediation panel.

Education

Dates (from - to)	College/University	Degree Obtained

APPLICANT'S INITIALS: _____



ADR Training Programs Completed (Mediation, arbitration, neutral evaluation, other)

Dates (from - to)	Type of Training	Trainer's Name	Number of Hours

ADR Experience (Please be cautious not to reveal confidential information)

Process Used	No. of Cases	Case Type	No. of Hours	Dates (from – to)	Agency

Are you currently an ADR neutral? Yes No

(If yes, check as many as apply and list all affiliations on the lines below)

Private Practice Firm Organization Volunteer Agency Court

Firm name: _____

ADR organization(s): _____

Volunteer agency(ies): _____

Court approved ADR list (Indicate which court ADR programs): _____

Other agencies or organizations for which you are an approved neutral: _____

Membership in Professional Organizations

Organization	Location	Years as Member

References

Please list persons with whom you have worked as a **neutral**. We encourage you to be mindful of confidentiality and to seek prior permission to use these names. (Add pages if necessary). If you have not worked as a neutral, list individuals as references who are familiar with your abilities and character.

1. Attorney or Client in:

Mediation Arbitration Neutral Evaluation Other (Specify): _____

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone Number: _____ Fax Number: _____

APPLICANT'S INITIALS: _____



2. Attorney or Client in:

Mediation Arbitration Neutral Evaluation Other (specify): _____

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone Number: _____ Fax Number: _____

3. Attorney or Client in:

Mediation Arbitration Neutral Evaluation Other (Specify): _____

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone Number: _____ Fax Number: _____

OTHER INFORMATION

Have you ever been convicted of a violation of any federal law, state law, county or municipal law, or ordinance? Yes No

If yes, please list on a separate sheet of paper all convictions since your 18th birthday including: offense, date and place of conviction and sentence and the date of release from custody and/or probation/parole as well as details of the offense. Driving under the influence must be reported.

Have you ever had any disciplinary actions taken against you by any state, federal, or professional licensing board/agency, court, association or other professional group? Yes No

If yes, please describe on a separate sheet of paper the nature of the offense, date of disciplinary action, length of sentence/probation and amount of restitution, if any.

Have you ever had a judgment entered against you in connection with your role as an attorney?

Yes No

If yes, please describe the particulars.

APPLICANT'S INITIALS _____



Criminal or disciplinary actions will not automatically bar you from inclusion in the program. Each case is considered individually. Failure to list criminal convictions or professional disciplinary actions taken against you, however, will result in automatic removal from the program.

Please provide any other pertinent information reflecting positively or adversely on you which you believe should be disclosed in connection with your possible appointment as a court mediator:

TO ALL APPLICANTS:

If selected to serve on the Court's Mediation Panel, I agree to the following:

1. Provide three hours of pro-bono mediation. In the event the parties wish to continue beyond three hours, the parties will be responsible for compensating the neutral at his/her agreed-upon rates. The court's mediator panel list will include mediator hourly rates. For this purpose, please provide your hourly rate: _____.
2. Comply with the General Rules Relating to Mediation of Civil Cases contained in California Rules of Court Sections 10.781 through 3.810 et seq.
3. Disclose all fees to counsel and parties.
4. Disclose any potential conflicts of interest.
5. Be available to conduct mediation sessions in Sacramento County if requested by the parties.
6. Conduct two court mediation sessions in a six month period with the option to mediate additional cases if interested.
7. Complete and return the Statement of Agreement or Non-agreement form to the court within ten days from the date the mediation is held.
8. Complete and return, and encourage mediation participants to complete and return, evaluation forms within 10 days following the final mediation session.
9. Report to the ADR Administrator any criminal convictions in which I am involved in or become involved in as well as any disciplinary action taken against me by any state, federal or professional licensing board and/or agency.
10. Be available for observation by ADR staff with the consent of counsel and parties.
11. Attend training sessions sponsored by the court as may be required.
12. Not to exploit my service as a court mediator by including reference to such position in any advertising, or on any letterhead, business card, or telephone listing (listing on a curricula vitae is permissible)

APPLICANT'S INITIALS: _____



V. CERTIFICATION OF APPLICANT:

I hereby certify that I have made full and accurate disclosure of all information requested in this application form. I understand that any false, incomplete, or incorrect statement, regardless of when it is discovered, may result in my disqualification or dismissal from the court approved mediation panel.

I hereby authorize all my employers and schools to release any and all information concerning me, including information of a confidential and privileged nature. **I HEREBY RELEASE ANY AND ALL EMPLOYERS AND THE SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO, FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.**

While serving on the court approved arbitration panel, I acknowledge my responsibility to immediately report any disciplinary action taken by the State Bar of California to the ADR Administrator.

My signature below further certifies that to the best of my knowledge I qualify for the position of Mediator for the Superior Court of California, County of Sacramento.

Signature: _____

Date: _____

VI. REQUIRED DOCUMENTS:

- i. Application – Original with signature and date**
- ii. Curriculum Vitae**

Return the application and supporting documents to:

**Arbitration Unit
Sacramento Superior Court
720 9th Street, Room 101
Sacramento, CA 95814**