

# Application to Serve as Civil Mediator

## SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE

Please return completed Application to:

Superior Court of California, County of Orange  
Attn: Richard Augustine  
700 Civic Center Drive West, D-100  
P.O. Box 838  
Santa Ana, California 92702-0838

### 1. Contact Information

Name: \_\_\_\_\_ California State Bar number:

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephones:  
Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

### 2. Areas of Experience and Facilities

I have subject matter experience in the following areas (check all that apply):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Business          | <input type="checkbox"/> Construction Defects | <input type="checkbox"/> Employment      | <input type="checkbox"/> Environment     |
| <input type="checkbox"/> General Civil     | <input type="checkbox"/> Healthcare           | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Landlord/Tenant |
| <input type="checkbox"/> Legal Malpractice | <input type="checkbox"/> Medical Malpractice  | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Real Estate     |
| <input type="checkbox"/> Other: _____      |   |  |  |

I am fluent in the following language(s):

- Spanish  Vietnamese  Other: \_\_\_\_\_

I have a facility within Orange County where I can conduct mediation sessions.

State Bar Number:

Your name: \_\_\_\_\_

**3. Education**

Please provide the following information on your postsecondary education. Attach additional pages if necessary.

Dates (from – to)	University	Degree Obtained

**4. Legal Practice and Experience**

(Minimum Requirement: Current Member of CA State Bar – 10 Years)

Have you been an active member of the California State Bar for the past ten years?  Yes  No

Are you actively practicing law at this time?  Yes  No If yes, number of years: \_\_\_\_\_

If you primarily represent either the plaintiff or the defendant, please indicate:

Plaintiff  Defendant

**Professional Licenses.** Please provide the following information for each professional license you have received. Attach additional pages if necessary.

State	License/Bar Number	Date Obtained	Status (active/inactive)
California			

**5. Disciplinary Actions and Criminal History**

I  have  have not been charge with, pleaded guilty or no contest to, or convicted of, a felony or misdemeanor.

If you have, please explain fully: \_\_\_\_\_

I  have  have not been suspended or subject to disciplinary action as a result of an investigation from any professional organization, public entity or mediation program.

If you have, please explain fully: \_\_\_\_\_

State Bar Number:

Your name: \_\_\_\_\_

I  am  am not aware of any pending disciplinary action against me by any professional organization, public entity or mediation program.

If you are, please explain fully: \_\_\_\_\_

## 6. Mediation Training and Experience

I have completed at least 30 hours of mediator training, including:

At least one basic/introductory mediator training course consisting of ten (10) hours of classroom training. Attach additional pages if necessary.

Organization	Course Title	Hours	Month/Year

Ten (10) hours of experiential training (e.g., role playing, as outlined by the California Dispute Resolution Programs Act guidelines). Attach additional pages if necessary.

Organization	Course Title	Hours	Month/Year

State Bar Number:
-------------------

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

Five (5) hours of advanced training or specialized training (e.g., bar association or other MCLE programs pertaining to mediation skills). Attach additional pages if necessary.

Organization	Course Title	Hours	Month/Year

**OTHER RELEVANT TRAINING** (Including Temporary Judge Training). Attach additional pages if necessary.

Organization	Course Title	Hours	Month/Year

I have been a trained mediator for:  1-3 years  3-5 years  6-10 years  more than 10 years

Your name: \_\_\_\_\_

State Bar Number:

**6. Mediation Training and Experience (continued)**

Have you served on a Court Mediation or Neutral Evaluation Panel in any other court(s)?

Yes  No If yes, please provide dates and locations:

Have you applied for the Superior Court of Orange County Temporary Judge program and been turned down?

Yes  No

**COURT ADR PANELS.** Attach additional pages if necessary.

Court ADR Panel Type	From (Month/Year)	To (Month/Year)

**AFFILIATION WITH OTHER DISPUTE RESOLUTION ORGANIZATIONS.** Attach additional pages if necessary.

Name of Provider Organization	Nature of Affiliation	Number of Years

**NUMBER OF MEDIATION PROCEEDINGS COMPLETED.** Please provide the approximate number of proceedings completed as a mediator in each of the following categories:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Bankruptcy                 | <input type="checkbox"/> False Imprisonment     | <input type="checkbox"/> Personal Injury - Auto    |
| <input type="checkbox"/> Business/Corporate         | <input type="checkbox"/> General Civil          | <input type="checkbox"/> Personal Injury – Other   |
| <input type="checkbox"/> Civil Rights               | <input type="checkbox"/> Homeowners Association | <input type="checkbox"/> Premises Liability        |
| <input type="checkbox"/> Collections                | <input type="checkbox"/> Immigration            | <input type="checkbox"/> Product Liability         |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Insurance Coverage     | <input type="checkbox"/> Property Liability        |
| <input type="checkbox"/> Contract/Breach            | <input type="checkbox"/> Intellectual Property  | <input type="checkbox"/> Real Property/Real Estate |
| <input type="checkbox"/> Eminent Domain             | <input type="checkbox"/> Labor                  | <input type="checkbox"/> Securities                |
| <input type="checkbox"/> Employment– Discrimination | <input type="checkbox"/> Landlord-Tenant        | <input type="checkbox"/> Tax                       |
| <input type="checkbox"/> Employment – Termination   | <input type="checkbox"/> Legal Malpractice      | <input type="checkbox"/> Trademarks/Secrets        |
| <input type="checkbox"/> Entertainment              | <input type="checkbox"/> Maritime               | <input type="checkbox"/> Unfair Competition        |
| <input type="checkbox"/> Environmental              | <input type="checkbox"/> Medical Malpractice    | <input type="checkbox"/> Wrongful Death            |
| <input type="checkbox"/> Fraud                      | <input type="checkbox"/> Partnership            | <input type="checkbox"/> Other:                    |

Your name: \_\_\_\_\_

State Bar Number:
-------------------

## 6. Mediation Training and Experience (continued)

I have mediated at least 8 cases within the past 3 years, as specified in Section 12.c of the Civil Mediation Program Guidelines, as follows:

Case Name	Panel or Organization Mediated For	Case Type	Number of Hours	Date (Mo/Year)

In how many of the cases listed above were you the sole mediator? \_\_\_\_\_

## 7. References

a. List two or more attorneys who are familiar with your work and have appeared before you in a mediation:

NAME:	FIRM:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY OR PARTY):			

NAME:	FIRM:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY, OR PARTY):			

b. Provide an additional reference who is familiar with your mediation skills:

NAME:	FIRM:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:	
RELATIONSHIP TO CASE (ATTORNEY, PARTY OR CO-MEDIATOR):			

Your name: \_\_\_\_\_

State Bar Number: _____
-------------------------

---

## 8. Insurance

I  have or  will obtain and maintain insurance covering services as a mediator naming the Superior Court as an additional insured. If you have such insurance, attach a copy of the Certificate of Insurance to this application. If you do not currently have such insurance, you will be required to provide a copy of the required Certificate of Insurance prior to having any mediation cases referred to you.

## 9. Compensation

I am willing to accept a fee of \$300 for up to 2 hours of a mediation session.  Yes  No

My current hourly rate for mediation is: \_\_\_\_\_

## 10. Certification

- A copy of my resume is attached to this application.
- A copy of my fee deposit policy is attached to this application.
- I am a member in good standing of the State Bar of California. (initial) \_\_\_\_\_
- I have read and will comply with the Court's Civil Mediation Pilot Program Guidelines and the California Rules of Court, rule 3.850 et seq., regarding Rules of Conduct for Mediators in Court-Connected Mediation Programs for Civil Cases. (initial) \_\_\_\_\_

I hereby accept my appointment to the Civil Mediation Panel for the Superior Court, State of California, County of Orange. I agree to serve and to abide by all the applicable statutes, court rules, local rules and program guidelines. I will use my best effort to discover and disclose to the parties any conflict of interest or potential conflict I may possess. I understand that I have an ongoing duty to disclose any changes to my responses in Section 5.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_