SUPERIOR COURT OF CALIFORNIA
COUNTY of SOLANO
Dispute Resolution Panelist Application

Please submit completed application to:
ADR Administrator
Superior Court of California, County of Solano
600 Union Avenue
Fairfield, CA 94533
Email:ADR@solano.courts.ca.gov
Fax: (707) 425-4996

I. CONTACT INFORMATION

Name: _____

Firm/Company/Home: *(circle one)* _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ Cell: _____ Fax: _____

Emergency Contact: _____ Phone: _____

II. MARK THE PANELS FOR WHICH YOU ARE APPLYING

☐ Mediator ☐ Neutral Evaluator* ☐ Arbitrator** ☐ Small Claims Mediator

(*Must be licensed attorney with 10 years significant experience or a retired judge.)
(**Must be licensed attorney with 5 years experience or a retired judge.)

III. PANELS

Only complete the panel sections for which you are applying.

MEDIATOR

A. MEDIATION TRAINING:

☐ I have completed a continuous, 40-hour course within the past two (2) years.

☐ I have completed a continuous, 40-hour course more than two (2) years ago, <u>and</u> within the past two (2) years I have completed at least seven (7) hours of continuing or advanced mediation training.

☐ Other *(please specify)*: _____

(List only 40-hour, advanced or specialized mediation courses.)
You may add up to one additional page if necessary.)

Course Title	Instructor *(name)*	Hours	Date

B. MEDIATION EXPERIENCE: List ***current*** affiliations with all dispute resolution providers, including the Superior Court of California, County of Solano, other courts, governmental entities and indicate if you are in private mediation practice: ***(Add up to one additional page if necessary.)***

Mediate for: Court/Entity/Private	# of Cases	Years

C. FEE SCHEDULE: List all fees and expenses that you charge for mediation services.

Hourly fee: $_____ Daily fee: $_____ Minimum number of hours: _____

Administrative fee: $_____ Cancellation fee: $_____ Travel fees: $_____

Other fees, charges or policies: _____

D. ACKNOWLEDGMENT:

☐ If approved as a mediator, I agree to take the Superior Court of California, County of Solano's two (2) hour Mediation Program Orientation course, and meet its continuing education requirement of ten (10) hours every three (3) years, including one hour of ethics.

☐ I agree to follow the Superior Court of California, County of Solano's Ethical and Practice Standards for ADR Panel Members.

☐ I agree that I have mediated at least six (6) civil cases within the last two years that were at least two hours in length.

NEUTRAL EVALUATOR

A. NEUTRAL EVALUATION EXPERIENCE:

List up to three (3) areas of primary practice focus in which you have had at least ten (10) years of significant legal experience: _____

Please list any specialization for which you are certified: _____

(List trial experience: types of cases tried to verdict or judgment, approximate number of cases, years of practice.)
(Add up to one additional page if necessary.)

Types of Cases *(broad categories)*	# of Cases	Years

B. ACKNOWLEDGMENT:

☐ If approved as a Neutral Evaluator, I agree to take the Superior Court of California, County of Solano's two (2) hour Helpful Early Neutral Case Evaluation, HENCE, Program Orientation, and meet its continuing education requirement of ten (10) hours every 3 years.

☐ I agree to follow the Superior Court of California, County of Solano's Ethical and Practice Standards for ADR Panel Members.

C. FEE SCHEDULE: List all fees and expenses that you charge for neutral evaluation services.

Hourly fee: $_____ Daily fee: $_____ Minimum number of hours: _____

Administrative fee: $_____ Cancellation fee: $_____ Travel fees: $_____

Other fees, charges or policies: _____

ARBITRATOR

A. ARBITRATION TRAINING:

(You may add up to one additional page if necessary.)

Course Title	Instructor *(name)*	Hours	Date

B. ARBITRATION EXPERIENCE: ***(List arbitration experience, including solo arbitration and panels on which you have served, predominant types of cases and approximate number of cases.)***

Court/Organization	Types of Case Arbitrated	# of Cases

C. FEE SCHEDULE: List all fees and expenses that you charge for neutral evaluation services.

Hourly fee: $_____ Daily fee: $_____ Minimum number of hours: _____

Administrative fee: $_____ Cancellation fee: $_____ Travel fees: $_____

Other fees, charges or policies: _____

D. ACKNOWLEDGMENT:

☐ If approved as a an Arbitrator, I agree to take the Superior Court of California, County of Solano's two (2) hour Arbitration Program Orientation course, and meet its continuing education requirement of 10 hours every three years.

☐ I agree to follow the Superior Court of California, County of Solano's Ethical and Practice Standards for ADR Panel Members.

SMALL CLAIMS MEDIATOR

A. MEDIATION TRAINING:

☐ I completed at least 25-hours of a continuous course that meets DRPA standards.

(You may add up to one additional page if necessary.)

Course Title	Instructor *(name)*	Hours	Date

B. MEDIATION EXPERIENCE: ***(If no mediation experience, please leave blank.)***

Court	# of Cases Mediated	Years

☐ I have conducted Small Claims Appeals mediations.

C. ACKNOWLEDGMENT:

☐ If approved as a Small Claims Mediator, I agree to take the Superior Court of California, County of Solano's two (2) hour Small Claims Mediation Program Orientation course, and meet its continuing education requirement of ten (10) hours every three years.

☐ I agree to follow the Superior Court of California, County of Solano's Ethical and Practice Standards for ADR Panel Members.

IV. AREAS OF EXPERTISE *(To be completed by all applicants. Check only areas of actual experience.)*

☐ Banking
☐ Business/Contracts
☐ Civil Harassment*
☐ Consumer
☐ Conservatorship/ Guardianship
☐ Construction/Defect
☐ Education
☐ Eminent Domain
☐ Employment/Labor
☐ Environment
☐ Family Law
  ☐ Custody
  ☐ Divorce
☐ Foreclosure
☐ Health Care/Insurance
☐ Homeowner Association
☐ Intellectual Property
☐ Landlord/Tenant
☐ Medical Malpractice
☐ Partnership
☐ Personal Injury
☐ Probate/Trust Administration
☐ Professional Malpractice
☐ Public Entity
☐ Real Estate
☐ Securities
☐ Small Claims
☐ Unlawful Detainer*
☐ Other _____

* ***(To mediate Civil Harassment or Unlawful Detainer each has a two-hour update course requirement.)***

V. BACKGROUND INFORMATION *(Indicate all categories that apply to you.)*

☐ Retired judge
☐ Member of the California State Bar: Bar #:_____ Date Admitted: _____
  Status: ☐ Active ☐ Inactive
☐ Currently Practicing Represent: Plaintiff: _____% Defendant: _____%
☐ Other - specify *(Contractor, CPA, Therapist, etc)*: _____

VI. EDUCATION *(Indicate all levels that apply to you.)*

☐ High School Diploma ☐ GED ☐ AA Degree ☐ BA/BS Degree
☐ Masters Degree ☐ Doctorate ☐ Juris Doctorate ☐ Other *(specify)* _____

VII. OTHER INFORMATION

1. Languages, other than English, in which you are proficient enough to conduct a session:

   _____

2. Are you in good standing in each state in which you are licensed?
   ☐ Not Applicable ☐ Yes ☐ No *(If "No", please attach separate sheet with explanation.)*

3. Have you ever been convicted of a felony?
   ☐ No ☐ Yes *(If "Yes," please attach separate sheet with explanation.)*

4. Has there been any entry of judgment against you in any civil action for actual fraud or punitive damages?
   ☐ No ☐ Yes *(If "Yes," please attach separate sheet explanation.)*
5. Have you ever been convicted of a misdemeanor involving theft or moral turpitude?
   ☐ No ☐ Yes *(If "Yes", please attach separate sheet explanation.)*
6. 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?
   ☐ No ☐ Yes *(If "Yes", please attach separate sheet explanation.)*
7. Have you ever resigned your membership in a state bar or other professional licensing agency while disciplinary or criminal charges were pending?
   ☐ No ☐ Yes *(If "Yes", please attach separate sheet with explanation.)*
8. Have you ever had a judgment entered against you in connection with your role as an attorney or as any other licensed professional?
   ☐ No ☐ Yes *(If "Yes", please attach separate sheet with explanation.)*
9. ADR Associations *(List only current active memberships.)*

Organization Name	Member/Officer/Chair	Years

VIII. PRO BONO REQUIREMENT

☐ If approved as a member of either the Mediation, HENCE or Arbitration Panels, I agree to donate at least 8 hours *pro bono* services each year. This requirement is a total contribution of 8 hours whether serving on one or more panels.

☐ If approved as a member of the Small Claims Mediation Program panel, I agree to mediate at least six (6) cases a year.

IX. REFERENCES

If applying for the Mediation or Arbitration Panel, written recommendations are required from at least three (3) individuals with personal knowledge of your mediation and/or arbitration skills. For all other panels references regarding legal or professional skills and abilities are required. Please contact the ADR Administrator with questions about the references.

☐ Three recommendations/references are attached.

☐ I will submit the required three recommendations/references within thirty (30) days of notification that my application is otherwise approved.

X. FINAL SELECTION

Appointment to any of the Court's ADR Program panels is at the sole discretion of the Court.

_____ _____

Signature *Date*

For Official Use Only

Date received: _____ Initialed: ____

Initial questions or missing data: _____

_____

_____

Date received additional information: _____ Initialed: ____

Date referred to ADR Application Subcommittee: _____

Date approved/disapproved: _____ Date submitted to full ADR Committee: _____

Date approved/disapproved: _____ Date letter sent to applicant: _____