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 supplied in support of this application:

five):

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 ____ Additional/Amended information is submitted on this application; this application is to be attached to my previously submitted application(s) which is in the custody of the ADR Program Office. (Note to applicant - It is not required that you submit additional/amended information in order to be reappointed to the Panel. Such information will only be used to keep your internal file current.) If this box is checked, please date and sign the application on page three and fax it in its entirety, along with any supplemental material, to the ADR Program Office at 213-894-5084 or scan and return by e-mail to ADR_Coordinator@cacd.uscourts.gov. **Business: BUSINESS TELEPHONE** FIRM NAME **EXTENSION** STREET ADDRESS SUITE BUSINESS FAX CITY STATE ZIP CODE BUSINESS E-MAIL ADDRESS State Bar Memberships STATE BAR ID NUMBER DATE OF ADMISSION STATE BAR ID NUMBER DATE OF ADMISSION STATE BAR ID NUMBER DATE OF ADMISSION BAR ID NUMBER DATE OF ADMISSION STATE Date Admitted to the Bar of this Court: Total number of years of legal practice: Of total caseload, percentage of cases personally handled in federal court within the last five (5) years: Please list most significant cases personally handled in federal court, excluding pro per representations (list no more than

Areas of Legal Pra	actice T 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
	Insurance Coverage • Bad Faith
	Labor
	Patent
	Personal Injury
	Product Liability
	Real Estate • Construction
	Securities
	Tax
why you consider	orief statement as to how you have demonstrated your expertise in the above-mentioned areas of law and yourself qualified to be appointed to the Central District's Mediation Panel: orief 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 EXTENSIO
	CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)
(2)				
	NAME			
	BUSINESS ADDRESS		_	BUSINESS TELEPHONE EXTENSION
	CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)
(3)	NAME			
	BUSINESS ADDRESS			BUSINESS TELEPHONE EXTENSIO
	CITY	STATE	ZIP CODE	OTHER NUMBER (HOME, MOBILE, ETC.)
DATE	E(S) OF TRAINING	HOURS COMPLETED	COURSE PROVIDER	COURSE NAME
	E(S) OF TRAINING	HOURS COMPLETED	COURSE PROVIDER	COURSE NAME
· ·				
DATE(S) OF TRAINING		HOURS COMPLETED	COURSE PROVIDER	COURSE NAME
DATE	E(S) OF TRAINING	HOURS COMPLETED	COURSE PROVIDER	COURSE NAME
As a sep litigant, to partic By signi read and Mediatic	earate endeavor, the distriction including possibly a prisor ipate in this project. Ye had below, I certify that the understand the Compension	t court is looking for the limited purples NO information provided ation Policy that is set the compensation policy	on this application is true and correforth in General Order 11-10, § 3. by when serving in my official capa	ble and willing to represent a pro sease indicate whether you are willing to. I further acknowledge that I have a large to Central District' city and understand that violation of
DATE	ED	_	SIGNATURE OF APPLICANT	

Please provide the names, address 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: