



RCBA Dispute Resolution Service, Inc.

A Nonprofit Corporation

4129 Main Street, Suite 100 | Riverside, CA 92501 | Phone (951) 682-2132 | Fax (951) 682-0106 | Email drs@riversidecountybar.com

Arbitrator/Mediator Application

Check the program(s) you wish to participate in:

- DRS Court Settlement Conferences/Mediations
- DRS Arbitrations/Mediations

(Please Print)

A. CONTACT INFORMATION

Name _____ CA State Bar # _____

Firm Name _____

Business Address: _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Email Address _____ Cell # _____

Phone # _____ Fax # _____

B. QUALIFICATIONS / BACKGROUND INFORMATION

1.) I am (check all applicable boxes):

- an active member of the State Bar of California for at least 10 years
- a member of the Riverside County Bar Association
- a retired judge in California

2.) Date Admitted to State Bar of California _____ Years of Active Bar Membership _____

I am also admitted to practice law in the states listed below:

State _____ Date Admitted _____ Bar # _____ Years of Active Membership _____

State _____ Date Admitted _____ Bar # _____ Years of Active Membership _____

Are you in good standing in each state where you are licensed to practice law? Yes No

If "No," provide an explanation here: _____

3.) Mediation/Arbitration Training

<i>Organization</i>	<i>Course Title</i>	<i>Hours</i>	<i>Date(s)</i>

4.) Mediation/Arbitration Experience (List any affiliations with Dispute Resolution Providers)

<i>Organization</i>	<i>ADR Services You Provided (Mediation, Arbitration, Settlement)</i>	<i>Dates (Begin & End)</i>

How many mediations of litigated cases have you mediated? _____

Have you ever been removed by a court as a mediator? Yes No

If "Yes," describe the circumstances including the court, the date you were removed and the reasons for your removal. _____

Languages other than English in which you can conduct mediation _____

5.) Professional Background:

Please indicate the approximate number of Superior Court cases in which you have had principal responsibility in the last five (5) years:

Personal Injury _____ Business _____ Family Law _____

Other _____

Please indicate the approximate number of Superior Court cases you TRIED in the last five (5) years:

Personal Injury _____ Business _____ Family Law _____

Other _____

Have you ever been disciplined by the State Bar of California or by a bar association or other professional licensing entity in any state or by a court of record, including being sanctioned or held in contempt?

Yes No

Have you ever been convicted or pleaded no contest to a felony or misdemeanor? Yes No
(If "Yes," provide additional information in a separate attachment.)

Are you a defendant in any pending felony or misdemeanor proceeding? Yes No
(If "Yes," provide additional information in a separate attachment.)

6.) Continuing Education: I understand that at least six (6) hours of continuing education or training every two (2) years, including recent developments in California mediation law, mediation ethics and mediation confidentiality are required and that I have a continuing duty to disclose my compliance to the DRS.

7.) Professional Liability: DRS will not defend or indemnify any ADR panelist who serves on our program. DRS panelists are encouraged to seek errors and omissions insurance from a qualified insurance provider.

8.) Types of matters I would take:

- | | | |
|---|---|---|
| <input type="checkbox"/> Bad Faith | <input type="checkbox"/> Family Law | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Bankruptcy | <input type="checkbox"/> Insurance | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Business | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Professional Malpractice |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Lemon Law | <input type="checkbox"/> Tort Law |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Personal Injury/Wrongful Death | _____ |

9.) If selected as a mediator/arbitrator, I would like my fees paid to:

- Myself (Tax ID # _____)
- My Law Firm (Tax ID # _____)
- Public Service Law Corporation (*RCBA's free legal clinic*)

10.) Please attach a copy of your Curriculum Vitae.

I have read and will abide by the RCBA Dispute Resolution Service Mediation/Arbitration Rules and Procedures. I understand and agree that all matters assigned to me through the Dispute Resolution Service (DRS), including mediations, arbitrations or Court Mediations/Settlement Conferences, shall be conducted only in coordination with DRS and in accordance with its rules and procedures. Any continuing or future services that I perform in connection with any matter originally assigned to me through DRS shall be referred to and arranged through DRS. All payments for such continuing or future services shall be made by the parties to DRS, and I shall not solicit nor accept direct payment for services provided in connection with matters related to assignments through the Dispute Resolution Service.

I certify that the information provided on this application is true and correct.

Signature: _____

Date: _____