



The Superior Court
COUNTY OF SAN JOAQUIN
180 E. Weber Avenue, STE 200
Stockton, California 95202
Phone (209)992-5266 Fax (209)992-5634
www.sjcourts.org

OFFICE USE ONLY

CIVIL MEDIATION PROGRAM PANELIST APPLICATION

Please note: The information you provide in this application will be used to qualify you for the San Joaquin County Superior Court Civil Mediation Program Panel of Mediators and may also be included in publicity, resource guides, the court's website, and other materials regarding the Civil Mediation Program (unless information in a specific section of the application is noted as CONFIDENTIAL).

I. GENERAL INFORMATION

Name: _____
Last First M.I.

Occupation: _____

Firm/Employer: _____

Address: _____
Street City State Zip Code

Mailing Address (if different from above): _____
Street City State Zip Code

Telephone: () _____ Cell: () _____

Fax: () _____ E-Mail: _____

Date Admitted to the Bar: / / Active Inactive

Bar #: _____ State: _____

II. OTHER PROFESSIONAL LICENSURE

Occupation: _____ Licensing Agency: _____
State: _____ License #: _____

Occupation: _____ Licensing Agency: _____
State: _____ License #: _____

III. EDUCATION

Institution: _____ Location (City/State): _____

Dates of Attendance: _____ Degree Conferred: _____

Institution: _____ Location (City/State): _____

Dates of Attendance: _____ Degree Conferred: _____

Institution: _____ Location (City/State): _____

Dates of Attendance: _____ Degree Conferred: _____

IV. MEDIATION TRAINING (Please attach additional sheets if necessary)

Qualifying Training for panel mediators – Refer to attached Minimum Training and Experience Requirements for Court Panel Mediators.

Title Training/Program: _____ # of Hours: _____ Date Completed: ____ / ____ / ____

Institution: _____ Location: _____

Title Training/Program: _____ # of Hours: _____ Date Completed: ____ / ____ / ____

Institution: _____ Location: _____

V. MEDIATION EXPERIENCE (Please attach additional sheets if necessary)

Qualifying Mediation Experience - Refer to attached Minimum Training and Experience Requirements for Court Panel Mediators. Please be cautious not to reveal confidential information.

	Type of Case	Year	# Hours and/or Sessions
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Mediation Style – Please characterize the primary thrust of your mediation style:

Facilitative/Nondirective (does not tend to make substantive evaluations but may make process suggestions)

Evaluative/Directive (takes a strong role in leading parties to a solution, more of a settlement conference style)

Other/Comments:

Mediation Rates

What are your fees? _____ Per _____ .

Do you charge a minimum fee? Yes No If yes, what is the minimum fee? _____

Do you offer sliding scale fees? Yes No

Please list other ADR Panels (e.g.: federal and/or county court panels, private providers, etc.) on which you have served during the past 5 years:

References- Please list only persons with whom you have worked as a mediator. Provide at least two references. We encourage you to be mindful of the confidentiality requirements and to seek prior permission to use these names. **This information will be kept CONFIDENTIAL.** (Add pages if necessary)

Attorney or Client in a mediation.

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone #: (_____) _____ Fax #: (_____) _____

Attorney or Client in a mediation.

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone #: (_____) _____ Fax #: (_____) _____

Attorney or Client in a mediation.

Name: _____

Position: _____

Organization: _____

Address: _____

Telephone #: (____) _____

Fax #: (____) _____

VI. MULTI-LINGUAL ABILITIES

Language

Speak?

Read?

Write?

Yes No

Yes No

Yes

No

Yes No

Yes No

Yes

No

Yes No

Yes No

Yes

No

VII. SUBJECT MATTER BACKGROUND/EXPERIENCE

Area of Experience	Legal Experience (# of years)	Other Experience (# of years)	Experience as a Mediator (# of mediations)
Personal Injury			
Employment			
Business			
Real Estate/Eminent Domain			
Professional Malpractice (indicate legal, medical and/or dental)			
Probate: Estates and/or Conservatorships			

Construction Defect			
Public Agency			
Insurance			
Environmental			
Securities and/or Intellectual Property			
Other Areas of Subject Matter Expertise (please specify)			

VIII. INSURANCE

Please identify what insurance coverage you have which will be applicable to mediation services you provide (this information will be kept *CONFIDENTIAL*):

Coverage Type: _____

Carrier Name: _____

Limits: _____

(Insurance coverage may become a requirement for panel membership at some future date.)

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, on a separate sheet of paper please list 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. 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? Yes No

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

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

IX. NOTICE TO ALL APPLICANTS

If accepted to the Civil Mediation Program as a panel mediator I consent to:

- Comply with the Rules of Operation including, if necessary, being removed from the panel for failure to comply with the Rules.
- Attend the panelist orientation and local trainings/meetings.
- Disclose to both counsel and parties the mediation approaches you most often utilize (e.g., directive vs. facilitative, a combination of styles, etc.).
- Disclose all fees to counsel and parties.
- Disclose any conflicts of interest.
- Be available to conduct mediation sessions in San Joaquin County, if requested by the parties.
- Agree to handle at least one pro bono or modest means case per calendar year for the program.
- Fully fill out and return, and encourage counsel and parties to fill out and return, evaluation forms within 10 days following the final mediation session.
- Report to the Civil Mediation Program staff any criminal convictions which you are involved as well as any disciplinary action taken against you by any state, federal or professional licensing board and/or agency.
- Be available for observation by Civil Mediation Program staff with the consent of counsel and parties.

My signature below certifies that I have made full and accurate disclosure of all information requested in this application form.

Signature: _____

Date: _____

Please return application to:

Kellie Chavez-Ochoa, Civil Mediation Program Manager

180 E. Weber Avenue, STE 200, Stockton, CA 95202

Phone (209)992-5266

Fax (209)992-5634

kochoa@sjcourts.org