



**Superior Court of California  
County of Los Angeles**

**Please return to:**  
ALTERNATIVE DISPUTE RESOLUTION  
111 North Hill Street, Room 113  
Los Angeles, CA 90012  
213-974-5425  
CentralADR@LASuperiorCourt.org

**APPLICATION FOR APPOINTMENT TO ALTERNATIVE DISPUTE RESOLUTION (ADR) PANEL**

Please type or print the information on this form. Only complete applications will be processed.  
All items marked with a single asterisk (\*) are confidential and not viewable by the public.

**PERSONAL INFORMATION**

Name: (Mr./Ms./Mrs./Hon./Dr.)		(Last)	(First)	(M.I.)
Current Occupation:			Employed by (Firm/Office Name):	
Mailing Address (can be a post mailbox with physical street address, but not a U.S. post office box):				
(Street)		(Suite)	(City)	(State) (Zip)
Business Phone:	Fax:	E-Mail:		
Home Phone*(optional):	Cell Phone*(optional):	Private Fee Per Hour:		

**RANDOM SELECT PANEL REQUEST** (Check all panels for which you are applying. Neutrals with less than 1 year experience may request no more than 2 cases per month.)

Panel	(specify number)	Panel	(specify number)
<b>CIVIL</b>		<b>FAMILY LAW (non-custody)</b>	
<input type="checkbox"/> Mediator	___ case referrals per month	<input type="checkbox"/> Mediator	___ case referrals per month
<input type="checkbox"/> Arbitrator	___ case referrals per month	<input type="checkbox"/> Arbitrator	___ case referrals per month
<input type="checkbox"/> Settlement Officer	___ days per year	<input type="checkbox"/> Settlement Officer	___ days per year
<input type="checkbox"/> Neutral Evaluator**	___ case referrals per month	<input type="checkbox"/> Forensic CPA Settlement Officer	___ case referrals per month
<b>PROBATE</b>			
<input type="checkbox"/> Mediator	___ case referrals per month		
<input type="checkbox"/> Settlement Officer	___ days per year		

\*\*Applicants must also complete the *Supplemental Application for Appointment to Neutral Evaluation Panel (LAADR 074)*.

I wish to receive referrals of the following type:     Unlimited Jurisdiction     Limited Jurisdiction     Small Claims  
 On occasion I can accept cases on short notice.                       I would like to act as a mentor for new panel members.

**LOCATION OF ADR SESSIONS**

For the ADR sessions, I prefer to use:

- Court facilities (applicants outside L.A. County must select at least 1 court facility at which they agree to conduct ADR sessions)
- Chatsworth     Compton     Glendale     Long Beach     Michael Antonovich (Lancaster)  
 Norwalk     Pomona South     Santa Monica     Stanley Mosk (L.A.)     Torrance
- My private facilities
- Facilities of one of the parties' counsel

ADA Accommodations\*: (Neutrals may use LASC facilities for pro bono ADR sessions that require ADA accommodations. If you intend to use your own facilities to conduct the sessions, please indicate which, if any, of the ADA accommodations your facilities offer. This information will not be included in the neutral profiles viewable by the public but will be included in the Random Neutral Search criteria.)

- |   |  |
|---|--|
| <input type="checkbox"/> Accessible parking         | <input type="checkbox"/> Accessible entrance         |
| <input type="checkbox"/> Accessible elevators       | <input type="checkbox"/> Accessible restrooms        |
| <input type="checkbox"/> Accessible public phones   | <input type="checkbox"/> Assistive listening devices |
| <input type="checkbox"/> Accessible tables/counters | <input type="checkbox"/> Other (specify): _____      |

**EDUCATION**

Institution	Degree or Certificate	Major	Start Date	End Date

**LEGAL EXPERIENCE**

Are you actively engaged in the practice of law at this time?  Yes  No

Current primary field of practice:

Civil  Family  Probate  Criminal Number of years: \_\_\_\_\_

Number of years experience:

Total active litigation \_\_\_\_\_ Simple case litigation \_\_\_\_\_ Complex case litigation \_\_\_\_\_  
 Both Plaintiff and Defense \_\_\_\_\_ Plaintiff representation \_\_\_\_\_ Defense representation \_\_\_\_\_

**EMPLOYMENT HISTORY** (last 5 years)

Employer Name and Location	Position Description	Start Date	End Date

**PROFESSIONAL LICENSES**

Type of License	State	Date Obtained	License Number	Status (active/inactive)

Please attach a summary of your professional history limited to 600 characters, including punctuation and spaces.

Has your license to practice law in California, or any other state, ever been suspended or revoked?\*  Yes  No  N/A  
 If yes, please attach a full explanation, including date(s) of suspension or revocation and date(s) of reinstatement.

Has any other professional license been suspended or revoked?\*  Yes  No  
 If yes, please attach a full explanation, including date(s) of suspension or revocation and date(s) of reinstatement for each such license.

Have any disciplinary actions ever been taken against you by any state, federal, or professional licensing board/agency?\*  Yes  No  
 If yes, please attach a full explanation for each action including nature of offense, date of disciplinary action, length of sentence and/or probation and amount of restitution, if any.

Have you ever been convicted of a felony or misdemeanor?\*  Yes  No  
 If yes, please attach a listing of all convictions since your 18<sup>th</sup> birthday including offense, date and place of conviction and sentence, and date of release from custody and/or probation/parole. Driving under the influence must be reported.

Have any sanctions of \$1,000 or more been imposed against you by a court in any single case in the last 5 years, excluding discovery sanctions?\*  Yes  No  
 If yes, please attach a full explanation for each such case.

*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.*

**ADR TRAINING**

Organization	Course Title	Hours	Date

**ADR EXPERIENCE**

Number of years experience as: Mediator\_\_\_\_ Arbitrator\_\_\_\_ Settlement Officer\_\_\_\_ Neutral Evaluator\_\_\_\_

Are you currently or have you ever been on the Court ADR Panel?  Yes  No If yes, indicate dates (from-to): \_\_\_\_\_

Mediation Work Style:  Transformative  Facilitative  Evaluative

Please attach a description of ADR style and requirements limited to 600 characters, including punctuation and spaces.

Do you require participants to submit a brief?  Yes  No

If yes, please attach a description of format and requirements limited to 600 characters, including punctuation and spaces.

CIVIL PANELS:  
Check box for  
case types  
accepted

Number of ADR Proceedings Handled (Estimate)				
Case Type	Med	Arb	Set Conf	Neutral Eval
<input type="checkbox"/> Antitrust/Trade Regulation				
<input type="checkbox"/> Auto Tort – Personal Injury/Property Damage/Wrongful Death (PI/PD/WD)				
<input type="checkbox"/> Auto Tort – Uninsured Motorist – PI/PD/WD				
<input type="checkbox"/> Civil Harassment				
<input type="checkbox"/> Construction Defect				
<input type="checkbox"/> Contract – Breach of Rental/Lease Contract (not insurance, UD, or wrongful eviction)				
<input type="checkbox"/> Contract – Collections				
<input type="checkbox"/> Contract – Contract/Warranty Breach – Seller Plaintiff (not insurance, fraud, or negligence)				
<input type="checkbox"/> Contract – Contractual Fraud				
<input type="checkbox"/> Contract – Insurance Coverage/Subrogation				
<input type="checkbox"/> Contract – Negligent Breach of Contract/Warranty (not insurance or fraud)				
<input type="checkbox"/> Contract – Other Breach of Contract/Warranty (not insurance, fraud, or negligence)				
<input type="checkbox"/> Contract – Tortious Interference				
<input type="checkbox"/> Declaratory Relief Only				
<input type="checkbox"/> Elder/Dependent Adult Abuse				
<input type="checkbox"/> Employment – Labor Commissioner Appeals				
<input type="checkbox"/> Employment – Other (not wrongful termination or labor commissioner appeal)				
<input type="checkbox"/> Employment – Wrongful Termination				
<input type="checkbox"/> Family				
<input type="checkbox"/> Injunctive Relief Only (not domestic/harassment)				
<input type="checkbox"/> Non– PI/PD/WD Tort – Business/Commercial Tort (not fraud or breach of contract)				
<input type="checkbox"/> Non– PI/PD/WD Tort – Civil Rights (e.g., discrimination, false arrest)				
<input type="checkbox"/> Non– PI/PD/WD Tort – Defamation (e.g., slander, libel)				
<input type="checkbox"/> Non– PI/PD/WD Tort – Fraud (no contract)				
<input type="checkbox"/> Non– PI/PD/WD Tort – Intellectual Property				
<input type="checkbox"/> Non– PI/PD/WD Tort – Legal Malpractice				
<input type="checkbox"/> Other PI/PD/WD Tort – Asbestos				
<input type="checkbox"/> Other PI/PD/WD Tort – Intentional (e.g., assault, vandalism, etc.)				
<input type="checkbox"/> Other PI/PD/WD Tort – Intentional Infliction of Emotional Distress				
<input type="checkbox"/> Other PI/PD/WD Tort – Medical Malpractice				
<input type="checkbox"/> Other PI/PD/WD Tort – Premises Liability				
<input type="checkbox"/> Other PI/PD/WD Tort – Product Liability (not asbestos, toxic/environmental)				
<input type="checkbox"/> Partnership & Corporate Governance				
<input type="checkbox"/> Probate				
<input type="checkbox"/> Real Property – Eminent Domain/Condemnation				
<input type="checkbox"/> Real Property – Mortgage Foreclosure				
<input type="checkbox"/> Real Property – Other				
<input type="checkbox"/> Real Property – Quiet Title				
<input type="checkbox"/> Real Property – Wrongful Eviction				
<input type="checkbox"/> Securities				
<input type="checkbox"/> Toxic Tort/Environmental				
<input type="checkbox"/> Workplace Harassment				
<input type="checkbox"/> Writ of Mandate				

Please attach information about your demonstrated experience in the areas of law or subject matter selected to mediate above.

**AFFILIATION WITH DISPUTE RESOLUTION PROVIDER ORGANIZATIONS**

Organization	Description of Affiliation	Start Date	End Date

**AFFILIATION WITH DISPUTE RESOLUTION PROFESSIONAL ORGANIZATIONS**

Organization	Membership Type and Offices Held	Start Date	End Date

**ADR AWARDS**

Organization	Award	Date

**LANGUAGE/BICULTURAL CAPABILITIES**

Language/Culture	Speak	Fluent	Write	Bi-Cultural Capability	Language/Culture	Speak	Fluent	Write	Bi-Cultural Capability
American Sign Language					Italian				
Amharic					Japanese				
Arabic					Korean				
Armenian					Laotian				
Bengali					Miao-Yao				
Cambodian, Mon-Khmer					Polish				
Chinese - Cantonese					Portuguese				
Chinese - Mandarin					Punjabi				
Dutch					Russian				
Farsi					Spanish				
Formosan					Swedish				
French					Syriac				
German					Tagalog				
Greek					Tamil				
Gujarati					Telugu				
Hebrew					Thai				
Hindi					Ukrainian				
Hungarian					Urdu				
Ibo, Kru, Yoruba (Nigeria)					Vietnamese				
Indonesian					Other (specify): _____				

Should I be appointed to the Court ADR Panel, I agree to comply with all California statutes, California Rules of Court, and Local Rules, policies, procedures, and requirements applicable to the panel(s) to which I am appointed. I understand that a violation of the statutes, rules, policies, procedures, and requirements may result in suspension and/or removal from the Court ADR Panel.

I acknowledge my continuing obligation to notify the ADR department of a felony or misdemeanor conviction, any change in the status of my professional license(s), or any disciplinary actions taken against me. I understand that my failure to do so may result in suspension and/or removal from the Court ADR Panel.

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

Executed on \_\_\_\_\_ (date) at \_\_\_\_\_ (city), California.

\_\_\_\_\_  
SIGNATURE

**\*CONFIDENTIAL – Not viewable by the public.**

As required by the terms of our funding, please provide the following information for statistical purposes only\*:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnic Background:	<input type="checkbox"/> Asian/Pacific American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Native American Indian
	<input type="checkbox"/> White	<input type="checkbox"/> Multiple Ethnicity/Race
	<input type="checkbox"/> Other	
Date of birth (mm/dd/yy):		

**FOR OFFICE USE ONLY**

	REVIEWED	INTERVIEWED	AUTHORIZED	ENTERED IN ORACLE	ENTERED IN CMS
NAME					
DATE					