SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101
☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

ARBITRATOR PROFILE

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

I. CONTACT INFORMATION

Arbitrator Name: _____

Organization/Firm/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

II. TRAINING/EDUCATION

Arbitration training (name of training provider, type of training, date, and hours of training):

_____

_____

_____

Other Education (institutions, degrees, and dates):

_____

_____

_____

III. EXPERIENCE/EXPERTISE

I have been a practicing attorney for ___ years. (5 year minimum)

During that time, I have represented:

_____ Plaintiffs

_____ Defendants

_____ Both _____%Plaintiffs _____%Defendants

I am currently licensed to practice law in the State of California:
(please check one)

☐ YES ☐ NO

State Bar Member Number: _____

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Have you ever been subject to any disciplinary action by the State Bar of California or other professional licensing entity in any state? If yes, please describe and provide date(s) of disciplinary action, type of disciplinary action, and probationary status, if any.

_____

_____

_____

Please list your areas of expertise:

_____

_____

_____

Experience as a neutral (include type of ADR and number of years of experience relative to each type):

_____

_____

_____

Other types of ADR services offered:

_____

_____

_____

IV. ARBITRATOR FEE INFORMATION

Arbitrator hourly rate: _____

Cancellation policy: _____

Deposit policy: _____

Other fees and/or fee policies: _____

V. AVAILABILITY

I am available to conduct _____ Arbitration hearings per month.
Please place me on the:

☐ Personal Injury Panel

☐ Non-Personal Injury Panel

☐ Both

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

Date: _____ Signature: _____

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