



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

## CIVIL MEDIATION PROGRAM MEDIATOR APPLICATION

Submit completed application to:

**ADR Administrator  
Superior Court of California, County of San Diego  
330 W. Broadway, Room 225  
San Diego, CA 92101**

### 1. Contact Information

- a. Name: \_\_\_\_\_
- b. Organization(s) / Firm name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- d. Email: \_\_\_\_\_
- e. Telephone Numbers:  
Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

### 2. Education and Training

- a. Education: Section II.B.1.a. of the Mediator Manual requires a bachelor's degree from an accredited college or university. Describe your education and include legal education, if applicable (*include the name(s) and location(s) of the institution(s) attended, the dates of attendance, and the specific degree(s) conferred*):  
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\_\_\_\_\_
- b. Training: Section II.B.1.b. of the Mediator Manual requires that you must have completed at least thirty-two (32) hours of mediator training from a recognized training provider, or other equivalent training. Describe your mediator training (*specify the name(s) and location(s) of the training provider(s), the dates of the training(s), the number of hours of classroom training, experiential training, and advanced or specialized training as more fully described in Section II.B.1.b. of the Mediator Manual. Attach additional pages, if necessary.*):  
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3. Mediation Experience

a. Minimum Experience Requirement: Section II.B.2. of the Mediator Manual requires you to “have mediated or co-mediated at least six mediations of at least two hours in length. Co-mediators with a mediator who is already on the court’s panel would serve to satisfy this minimum requirement. ‘Mediations’ refers to the number of cases mediated, not the number of mediation sessions. Settlement conferences or arbitrations conducted as mediations or that become mediations do not serve to satisfy this requirement.” List at least six mediations below, that satisfy this requirement (for each mediation, specify the date(s), panel or organization if applicable, case name, court, case type, total number of hours in mediation, whether you were the sole mediator or co-mediator, the name and contact information of the co-mediator if applicable, and result):

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b. Total number of cases mediated: \_\_\_\_\_. How many cases did you mediate since completing the minimum mediation training requirements listed in 2.b., above: \_\_\_\_\_?

c. The principal portion of my mediation practice is in the following case type(s) (if more than one case type is listed, provide percentage estimates totaling 100%; e.g., 50% breach of contract and 50% landlord/tenant):

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d. Additional Mediation Experience: Describe below any additional mediation experience.

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**4. Experience as a Neutral**

- a. Do you now serve or have you previously served as a mediator, arbitrator, or other type of neutral on an ADR panel or in an ADR program, including but not limited to court panels and court programs?  Yes  No *(If yes, describe your prior service below. Include the names and locations of the court(s) or ADR organization(s), the type(s) of panel(s), the approximate number and types of cases handled, the dates of service, and if you are no longer serving on a particular panel or in a particular program, your reason(s) for suspending or terminating your service.)*

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- b. Have you ever been suspended or removed as an ADR neutral, either temporarily or permanently, by a court or ADR organization?  Yes  No *(If yes, describe the circumstances below, including the court, the date you were suspended or removed, and the reason(s) for your suspension or removal. Attach additional pages if necessary.)*

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**5. Other Professional and Personal Qualifications**

- a. California State Bar number, if applicable: \_\_\_\_\_ Date of admission: \_\_\_\_\_

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

State: \_\_\_\_\_ Date admitted: \_\_\_\_\_ Bar No: \_\_\_\_\_ Years of active membership: \_\_\_\_\_

State: \_\_\_\_\_ Date admitted: \_\_\_\_\_ Bar No: \_\_\_\_\_ Years of active membership: \_\_\_\_\_

- c. Are you in good standing in each state where you are licensed to practice law?  Yes  No *(If not, provide an explanation in an attachment.)*

- d.  I am certified as a specialist by the State Bar of California Board of Legal Specialization or by an organization whose certification program has been accredited by the State Bar of California. Areas of specialization:

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- e.  I am certified by other states or ADR organizations with a certification program as a mediator or other type of neutral. For each certification, provide the name, location and contact information of the organization(s), the date(s) of certification, and the minimum requirements for the certification.

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- f. Have you ever been disciplined by the State Bar of California, a bar association, a public disciplinary or professional licensing agency or an ADR organization or entity in any state or by a court of record, including but not limited to being sanctioned (other than being sanctioned for violation of the Civil Discovery Act) or held in contempt?  Yes  No

Yes  No

- g. Do you have, or have you had, any disciplinary action pending against you by the State Bar of California, a bar association, a public disciplinary or professional licensing agency or an ADR organization or entity in any state or by a court of record, including but not limited to any proceeding for the imposition of sanctions (other than sanctions for violation of the Civil Discovery Act) or for contempt?  Yes  No

Yes  No

- h. Have you ever been convicted or pleaded no contest to a felony or misdemeanor?  Yes  No

- i. Has there been any entry of judgment against you in any civil action for actual fraud or punitive damages?  Yes  No

Yes  No

- j. Have you ever been a party to any legal proceeding?  Yes  No

- k. Have you ever been declared a vexatious litigant?  Yes  No

***(If you answered yes to questions 5 f, g, h, i, j, or k, provide additional information in an attachment.)***

**6. Facilities**

List all facilities in which you provide mediation services *(for each facility listed, briefly describe the facility and specify its location and whether or not it can accommodate persons with disabilities)*:

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**7. Additional Information**

Respond to the following, if applicable *(attach additional pages if necessary)*:

- a. The following facts concerning my background, situation, or circumstances may positively or negatively reflect on me or on my suitability for appointment and should be disclosed to the court.

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- b. I ask the court to consider the following additional facts in support of my appointment:

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**8. References**

Provide at least two professional references, one of which must be from a party or attorney who appeared before you in mediation. For each reference, provide their name, address, telephone number and email address, and also provide the date(s), case name(s) and case type(s), and the reference's role in the mediation (attorney, party or co-mediator), if applicable. Reference letters must be submitted with this completed application.

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9. I understand and acknowledge that the approval of my application to serve as a mediator on the court's Civil Mediation Program panel is solely at the discretion of the court.
10. I have read the Mediator Manual and, if approved to serve, will comply with all provisions contained in the Mediator Manual as well as all applicable California Rules of Court, local rules, and court policies and procedures concerning mediators on the court's Civil Mediation Program panel.

I declare under penalty of perjury under the laws of the State of California that the foregoing, including statements made in all attachments, is true and correct. I understand that any misstatement or omission of material fact may disqualify me from serving as a mediator on the court's Civil Mediation Program panel.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Applicant

*(This application is not complete unless the Release of Liability below is signed by the applicant.)*

**RELEASE OF LIABILITY**

I hereby release the Superior Court of California, County of San Diego and its officers, employees, agents, and assigns from any liability or damage which may result from furnishing any of the information requested in this mediator application.

Date: \_\_\_\_\_

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature of Applicant

**FOR INTERNAL USE ONLY:**

Approved       Disapproved      on (date): \_\_\_\_\_