

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA**

Elizabeth Strickland, ADR Administrator
191 North First Street
San Jose, California 95113
Fax: 408-882-2595



**APPLICATION FOR FAMILY DIVISION
PRIVATE MEDIATION & COLLABORATIVE PRACTICE PANELS**

(Do Not Alter this Form in Any Way).

Date: _____
Name: _____
Firm Name: _____
Address: _____
County: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

1. Check each panel for which you are applying: Mediation Collaborative Practice

2. Describe your education, including degrees and the dates received.

3. Briefly describe the ADR training you have received. For each training, give the trainer's name, the dates attended, and the total hours.

4. Describe the subject matter of five disputes for which you have been a mediator or collaborative attorney in the past five years, with the dates. State whether you were a sole- or co-provider. *(If you are applying for the mediation panel, describe 5 mediation cases handled. If you are applying for the collaborative practice panel, describe 3 collaborative practice cases handled. If you are applying for both panels, describe 5 mediations and 3 collaborative cases, attaching extra pages if necessary.)*
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5. List other court ADR panels of which you are a member, specifying the processes for which you have qualified.

6. State the name of any organization for which you have provided ADR services during the past five years, giving the dates and the services you provided.

7. Check your areas of substantive expertise:

- Adoption
- Domestic Violence
- Domestic Partnership
- Estate Planning
- Family Law (Divorce, Custody, etc.)
- Insurance
- Parentage
- Real Estate
- Tax
- Other (specify): _____

8. What is your State Bar No.?

- a. How many years have you been in active practice? If none, please explain.
- b. What is or was the nature of your practice?
- c. Are you certified in any specialty? If so, please list.

9. Describe any legal writing or lecturing/teaching you have done.

10. What is your ADR style?

11. List any languages, other than English, in which you can conduct ADR.

12. Describe your fee schedule, including any sliding-scale or pro-bono provisions, as of the date of this application.

13. Give any other information that should be considered in reviewing your application.

14. Please attach a recent resume or CV.

15. List the names and telephone numbers of three persons familiar with your mediation (for a mediator's application), litigation/evaluation and/or collaborative skills (for a collaborative practitioner's application). If you are applying for both panels, provide 3 mediation references and 3 collaborative practice references, attaching extra pages if necessary. You may not duplicate references. *You may attach a letter of recommendation instead of a name.*

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Please read and sign the following agreement:

1. I agree to be bound by the ADR rules of the Santa Clara County Superior Court.
2. I agree to waive any and all claims against the Santa Clara County Superior Court in connection with my ADR services for a court-referred dispute.
3. I agree to submit any fee dispute arising out of my ADR services for a court-referred dispute to arbitration, either under Business and Professions Code section 6200 et seq. or by stipulation or court order.
4. I agree to adhere to the ethical standards for alternative dispute resolution providers as adopted by the court.
5. I agree to accept at least one pro bono case (maximum 10 hours per case) or modest means case a year.
6. I am in good standing with the State Bar of California.
7. I agree to indemnify, defend and hold harmless the Santa Clara County Superior Court, its judges, and employees from any claim, lawsuit, damages or liability of any kind, arising out of any conduct of mine in the rendering of services to any person or persons in connection with my inclusion on the ADR providers' list maintained by the Superior Court.
8. I do do not agree to have my background information posted on the Court's ADR website.

Date: _____

Name: _____
(please print)

Signature: _____

**MAIL THIS APPLICATION AND ANY ATTACHMENTS TO:
ELIZABETH STRICKLAND, ADR ADMINISTRATOR
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
191 N. FIRST STREET
SAN JOSE, CA 95113
OR FAX TO 408-882-2595**
