

SANTA CLARA COUNTY SUPERIOR COURT  
BACKGROUND INFORMATION

*Instructions: DO NOT ALTER THIS FORM IN ANY WAY. DO NOT ATTACH ADDITIONAL PAGES.*

Name	Phone	Fax
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Street or P.O. Box	City	Zip Code
<i>475 Sansome Suite 1800</i>	<i>San Francisco, CA</i>	<i>94111</i>

**TODAY'S DATE:**

Check each panel for which you have been accepted:     mediation             neutral evaluation

**1. Describe your education, including degrees and the dates received.**

*-University of San Francisco School of Law, JD, 1967*

*-University of San Francisco, B.S. Accounting, 1960*

*-City College of San Francisco, A.A. Engineering, 1957*

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

*-Steven Rosenberg Mediation Training, 40 hours 2003.*

**3. Describe the subject matter of five disputes for which you have been an ADR provider in the past five years, with the dates. Identify the process and state whether you were a sole- or co-provider.**

- *Personal injury mediation – co-mediator – 5/20/05*
- *Commercial mediation – sole mediator – 7/9/04*
- *Personal injury mediation – sole mediator – 6/8/04*
- *Personal injury mediation – sole mediator – 3/29/04*
- *Legal malpractice mediation – sole mediator – 6/28/02*

**4. Check your areas of substantive expertise:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Banking                                     | <input checked="" type="checkbox"/> Health Care         | <input checked="" type="checkbox"/> Personal Injury           |
| <input checked="" type="checkbox"/> Business (Commercial - Contract) | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Probate - Wills                      |
| <input type="checkbox"/> Civil Rights                                | <input type="checkbox"/> Intellectual Property          | <input checked="" type="checkbox"/> Prof. Negl. (Non-Medical) |
| <input checked="" type="checkbox"/> Construction                     | <input checked="" type="checkbox"/> Insurance           | <input type="checkbox"/> Real Estate                          |
| <input type="checkbox"/> Defamation                                  | <input type="checkbox"/> Labor - Employment             | <input type="checkbox"/> Securities                           |
| <input type="checkbox"/> Disabilities                                | <input type="checkbox"/> Landlord/Tenant                | <input type="checkbox"/> Tax                                  |
| <input type="checkbox"/> Elder Issues/Abuse                          | <input checked="" type="checkbox"/> Medical Malpractice | <input type="checkbox"/> <i>Other (specify):</i>              |
| <input type="checkbox"/> Environment                                 | <input type="checkbox"/> Neighborhood                   |   |
| <input type="checkbox"/> Family Law                                  | <input checked="" type="checkbox"/> Partnership         |   |

**5. If you are an attorney:**

**A. How many years have you been in active practice? If none, please explain.**

*40 years*

**B. What is or was the nature of your practice?**

*General litigation at trial court level with an emphasis on catastrophic personal injury litigation, products liability, medical malpractice, professional negligence, and business litigation*

**C. What percentage of your practice has been representing plaintiffs 10% defendants 90%**

**D. How many of the following have you completed in the past five years?:**

Jury trials *15*            Court trials *0*            Judicial arbitrations; *5*

**6. Is your ADR style facilitative or evaluative/directive?**

*Facilitative*

**7. Describe your fee schedule, including any sliding-scale or pro-bono provisions.**

*\$250.00/hour*

**8. Give any other information that should be considered by parties or counsel.**