

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

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



**APPLICATION FOR JUDICIAL ARBITRATORS**

*(Do Not Alter this Form in Any Way. Do Not Attach Additional Pages)*

Name: \_\_\_\_\_  
 State Bar Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

1. Describe your education, including degrees and the dates received.
  
2. How many years have you been in active civil litigation practice as a member of the California State Bar?  
 \_\_\_\_\_ Are you currently in active practice?  Yes  No
  
3. What percentage of your practice has been representing plaintiffs \_\_\_\_\_  
 defendants \_\_\_\_\_?
  
4. How many of the following have you completed in the past five years?:  
 Jury trials \_\_\_\_\_ Court trials \_\_\_\_\_ Judicial arbitrations \_\_\_\_\_
  
5. Describe the subject matter of up to five of the completed *jury trials* enumerated above, with the dates.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Are you a retired judge?  Yes  No Date of retirement: \_\_\_\_\_

7. Check the boxes that describe your experience, with percentages, and indicate whether you would be willing to hear cases in each subject area:

<input type="checkbox"/> Business (Commercial - Contract)	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Labor - Employment	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Legal Malpractice	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Medical Malpractice	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Personal Injury	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Probate	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Real Estate	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other ( <i>Specify</i> ): _____	_____ %	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. How many times per year would you be willing to serve as a judicial arbitrator? \_\_\_\_\_

9. Are you willing to conduct hearings:  
in Santa Clara County?  Yes  No  
at your office?  Yes  No  
during non-judicial hours?  Yes  No

10. Has any disciplinary action, suspension from practice, or fine or sanctions in excess of \$250 been imposed against you by the California State Bar, other legal/professional organization or a court?  
 Yes  No If so, please explain fully, with dates:

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

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**DECLARATION AND OATH**

*I declare under penalty of perjury that the foregoing is true and correct. I agree to serve as an arbitrator under Code of Civil Procedure Sections 1141.10 et seq. and California Rules of Court, Rules 3.810 et seq. and to faithfully discharge my duties under those provisions.*

Date:

Signed: \_\_\_\_\_

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