



SUPERIOR COURT OF CALIFORNIA, COUNTY OF MONTEREY

Court Directed Mediation Program Mediator Application

Please submit completed application by email to: adr@monterey.courts.ca.gov

1. Contact Information

Name:

Organization or Firm:

Mailing Address:

Email:

Telephone:

2. Education and Training

- a. Education: Please include the name and location of each educational institution attended, the dates of attendance, and the specific degree(s) conferred. All CDM Panel members are required to have a *juris doctor* degree from an accredited college or university.
- b. Training: Please provide the name, location, date(s) and duration for each mediation training attended. All CDM Panel members must have taken at least thirty-two (32) hours of mediator training from a recognized training provider.

3. Mediation Experience

- a. Minimum Experience Requirement: All CDM Panel Members are required to have mediated at least four (4) mediations of two or more hours in length. Mediations refers to the number of cases mediated, not the number of mediation sessions. List at least four mediations that satisfy this requirement and include information regarding date, panel or organization if applicable, case name and type, court, duration, the name and contact information of the co-mediator if applicable, and the outcome of the mediation:



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- b. Total number of cases mediated:
- c. Please list mediation subject area of expertise (if more than one area is listed, please provide percentage estimates totaling 100%; i.e., 50% breach of contract and 50% landlord/tenant):
- d. Additional mediation experience: Please describe below any additional mediation experience (not including ADR court experience, see below).

4. ADR Court Experience

- a. Do you now serve or have you ever served as a mediator, arbitrator, or other type of neutral on a court ADR program?
☐ Yes ☐ No

If yes, describe your prior service below. For each, please include the name and location of the court, type of panel, approximate number and types of cases handled, dates of service and, if no longer serving, the reason for suspending or terminating 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 serving the court?

☐ Yes ☐ No

If yes, describe the circumstances, including the court, the date suspended or removed, and the reason(s) for suspension or removal. Attach additional pages if necessary.

5. Other Professional and Personal Qualifications

- a. California State Bar Number:
Date of admission:

Any other State Bar License:
State(s) and Number(s):
Date(s) of Admission:

- b. Please confirm:
- ☐ I am in good standing in each state in which I am licensed to practice law.
- ☐ If not, please provide explanation on an additional page.
- c. If 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, please list areas of specialization:
- d. If certified by other states or ADR organizations with a certification program as a mediator or other type of neutral, for each certification, please provide the name, location and contact information of the organization, date(s) of certification, and minimum requirements for the certification.



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- e. 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 sanctioned for violation of the Civil Discovery Act) or held in contempt?
☐ Yes ☐ No
- f. Has there been any entry of judgment against you in any civil action for actual fraud or punitive damages?
☐ Yes ☐ No
- g. Have you ever been a party to a lawsuit?
☐ Yes ☐ No
- h. Have you ever been declared a vexatious litigant?
☐ Yes ☐ No

If yes to questions 5 e- h, please provide additional information in an attachment.

6. Additional Information

Please provide additional information regarding background, situation, circumstances or other additional facts that may positively or negatively reflect on suitability for appointment and should be disclosed to the court:



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7. References

Please list at least three professional references, two 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.

8. Acknowledgment, Compliance and Signature

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.

If approved, I will comply with all applicable provisions contained in the California Rules of Court, local rules and court policies and procedures.

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 Directed Mediation Panel.

Date:

Signature of Applicant:

Printed Name: