SUPERIOR COURT OF CALIFORNIA
COUNTY OF NAPA

APPLICATION TO SERVE AS CIVIL MEDIATOR

Please return completed application to:

Superior Court of California, County of Napa
825 Brown Street
Attn: Civil Mediation Application
Napa, CA 94559

1. Contact Information

Name:			CA Bar #:
Employer:			
Business Address:			
City:		State:	Zip:
Mailing Address *(If different)*:			
City:	State:	Zip:	
Email:			
Telephones: Daytime:	Evening:	Fax:	Cell:

2. Areas of Expertise and Facilities

I have subject matter experience in the following areas (check all that apply):

- ☐ Business
- ☐ Family Law
- ☐ Landlord/Tenant
- ☐ Probate, Trusts and Estates
- ☐ Other:
- ☐ Construction Defects
- ☐ General Civil
- ☐ Legal Malpractice
- ☐ Real Property
- ☐ Employment
- ☐ Healthcare
- ☐ Medical Malpractice
- ☐ Environment
- ☐ Insurance
- ☐ Personal Injury

I am fluent in the following language(s):

3. Education

Please provide the following information on your postsecondary education *(not including classes/training not leading toward a degree)*:

Dates (from – to)	University	Degree Obtained

4. Legal Practice and Experience

Are you an active member of the California State Bar? ☐ Yes ☐ No

Are you actively practicing law at this time? ☐ Yes ☐ No If yes, number of years:

If you primarily represent either the plaintiff or the defendant, please indicate:

☐ Plaintiff ☐ Defendant

Professional Licenses. Please provide the following information for each professional license you have received. Attach additional pages if necessary.

State	License/Bar Number	Date Obtained	Status (active/inactive)
California			N/A
			N/A
			N/A

5. Disciplinary Actions and Criminal History

I ☐ have ☐ have not been charged with, pleaded guilty or no contest to, or convicted of, a felony or misdemeanor.

If you have, please explain fully:

I ☐ have ☐ have not been suspended or subject to disciplinary action as a result of an investigation from any professional organization, public entity or mediation program.

If you have, please explain fully:

I ☐ am ☐ am not aware of any pending disciplinary action against me by any professional organization, public entity or mediation program.

If you are, please explain fully:

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6. Mediation Training and Experience

☐ I have completed at least 30 hours of mediator training as summarized below

☐ I have completed at least one basic/introductory mediator training course consisting of 10 hours of classroom training (attach additional pages if necessary).

Organization	Course Title	Hours	Month/Year

☐ I have completed at least 10 hours of experiential training (e.g., role playing, as outlined by the California Dispute Resolution Programs Act guidelines, 16 Cal. Code of Reg. section 3622(d)).

Organization	Course Title	Hours	Month/Year

☐ I have conducted three or more mediations of two hours or more during the preceding three years.

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☐ I have shadowed a qualified mediator who meets the qualifications to be on the Napa County mediation panel for three mediations of two hours or more during the preceding three years.

I have been a mediator for:
☐ 1-3 years ☐ 3-5 years ☐ 6-10 years ☐ more than 10 years

If you do not have the training and/or experience required above, describe in detail in an attachment your training and experience in conducting mediations that demonstrates your abilities and competence in the field of mediation.

NUMBER OF MEDIATION PROCEEDINGS COMPLETED:

Bankruptcy		Family Law		Personal Injury – Other	
Business/Corporate		General Civil		Premises Liability	
Civil Rights		Homeowners Association		Probate, Trusts and Estates	
Collections		Immigration		Product Liability	
Construction		Insurance Coverage		Property Liability	
Contract/Breach		Intellectual Property		Real Property/Real Estate	
Eminent Domain		Labor		Securities	
Employment – Discrimination		Landlord-Tenant		Tax	
Employment – Termination		Legal Malpractice		Trademarks/Secrets	
Entertainment		Maritime		Unfair Competition	
Environmental		Medical Malpractice		Wrongful Death	
False Imprisonment		Personal Injury - Auto		Other	

Have you served on a Court Mediation Panel in any other court?
☐ Yes ☐ No If yes, please provide dates and locations:

COURT ADR PANELS. Attach additional pages if necessary.

Court ADR Panel Type	From (Month/Year)	To (Month/Year)

AFFILIATION WITH OTHER DISPUTE RESOLUTION ORGANIZATIONS

Name of Provider Organization	Nature of Affiliation	Number of Years

7. References.

Please provide two references who have appeared before you in mediation as a party or attorney.

NAME:		FIRM:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY, PARTY OR CO-MEDIATOR):				

NAME:		FIRM:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY, PARTY OR CO-MEDIATOR):				

8. Compensation

I am willing to accept a reasonable hourly fee after 3 hours of Pro Bono mediation service. ☐ Yes ☐ No

My current hourly rate for mediation is: _____

9. Certification

☐ A copy of my resume is attached to this application.
☐ I am a member in good standing of the State Bar of California.
☐ I have read and will comply with the Court's Civil Mediation Program Guidelines and the California Rules of Court, rule 3.850 et seq., regarding Rules of Conduct for Mediators in Court-Connected Mediation Programs for Civil Cases.

If offered appointment to the Civil Mediation Panel for the Superior Court, State of California, County of Napa, I agree to serve and to abide by all the applicable statutes, court rules, local rules and program guidelines. I will use my best effort to discover and disclose to the parties any conflict of interest or potential conflict I may possess. I understand that I have an ongoing duty to disclose any changes to my responses in Section 5.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Print name: _____

Signature: _____