

**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:

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

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**