

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA
CIVIL EARLY SETTLEMENT CONFERENCE NEUTRAL
BACKGROUND INFORMATION**

(PLEASE DO NOT ALTER THIS FORM IN ANY WAY. DO NOT ATTACH ADDITIONAL PAGES)

Name **State Bar Number** **Email Address**

Firm Name **Phone Number** **Fax Number**

Street or P.O. Box **City** **Zip Code**

1. a. Are you a member of the California State Bar? Yes No
b. When were you admitted? _____
c. What is or was the nature of your practice? _____
d. What percentage of your practice has been representing plaintiffs _____ defendants _____ ?

2. Describe your education, including any ADR training you have received. _____

3. Check the boxes that describe your areas of practice:

- | | |
|---|---|
| <input type="checkbox"/> Business (Contract/Collection) | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Labor/Employment | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Personal Injury | |

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

5. Provide any other information that should be considered by parties or counsel. _____

DECLARATION AND OATH

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I have read the rules of the Civil Early Settlement Conference Program. I agree to serve as an early settlement conference neutral and to faithfully discharge my duties under this program. I agree to be paid by the Court a maximum flat rate of \$150.00 per case for up to three hours of my time. I agree to make arrangements directly with counsel and parties regarding my compensation for any time over three hours. I agree to accept at least one pro bono case per year. I understand that the conference conducted under this pilot program is a settlement conference under California Rule of Court 3.1380, and not a mediation as defined in Evidence Code §1115. I understand that the provisions of Evidence Code §1115 et seq., including those which provide for confidentiality, nonadmissibility, and nondisclosure, do not apply. I agree to waive any and all claims against the Superior Court of California, County of Santa Clara in connection with my services for this program.

Dated: _____ **Signed:** _____

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