

SANTA CLARA COUNTY SUPERIOR COURT  
BACKGROUND INFORMATION / CIVIL DIVISION ADR PANEL

*Instructions: DO NOT ALTER THIS FORM IN ANY WAY. DO NOT ATTACH ADDITIONAL PAGES.*

Name	Phone	Fax
<i>William J. Diffenderfer</i>	<i>925-954-7797</i>	<i>866-425-3460</i>
Street or P.O. Box	City	Zip Code
<i>2977 Ygnacio Valley Road #402</i>	<i>Walnut Creek, CA</i>	<i>94598</i>

**TODAY'S DATE:**

Check each panel for which you have been accepted:     mediation                     neutral evaluation

**1. Describe your education, including degrees and the dates received.**

*J.D., University of Oregon 1982*

*B.A., University of California Santa Barbara, with Honors 1979*

**2. Briefly describe the ADR training you have received. For each training, give the trainer's name, the dates attended, and the total hours.**

*Steven Rosenberg, Mediation course, 3/09, 40 hours; Contra Costa County Bar Assn, Approaches to Mediation, 11/07, 2 hours; Contra Costa County Bar Assn, Ethics in Mediation, 11/07, 2 hours; Contra Costa County Bar Assn, Mediating Appellate Cases and Self Represented Litigants, 2/09, 1 hour.*

**3. Describe the subject matter of five disputes for which you have been an ADR provider in the past five years, with the dates. Identify the process and state whether you were a sole- or co-provider.**

- *Personal injury auto accident, traumatic brain injury, 7/09, Mediation, sole provider*
- *Personal injury premises liability, 1/09, Mediation, sole provider*
- *Construction defect, water damage, 2/09, Mediation, sole provider*
- *Personal injury DUI, 4/09, Mediation, sole provider*
- *Automotive "lemon law" claim, 3/09, Mediation, sole provider*

**4. Check your areas of substantive expertise:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Banking                 | <input type="checkbox"/> Health Care                    | <input type="checkbox"/> Partnership Disputes               |
| <input type="checkbox"/> Business/Contract       | <input type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Personal Injury         |
| <input type="checkbox"/> Civil Rights            | <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Probate - Wills                    |
| <input checked="" type="checkbox"/> Construction | <input checked="" type="checkbox"/> Insurance           | <input checked="" type="checkbox"/> Professional Negligence |
| <input checked="" type="checkbox"/> Defamation   | <input type="checkbox"/> Labor - Employment             | <input checked="" type="checkbox"/> Real Estate             |
| <input type="checkbox"/> Disabilities            | <input type="checkbox"/> Landlord/Tenant                | <input type="checkbox"/> Securities                         |
| <input type="checkbox"/> Elder Issues/Abuse      | <input checked="" type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Tax                                |
| <input type="checkbox"/> Environment             | <input checked="" type="checkbox"/> Neighborhood        | <input type="checkbox"/> Other (specify) _____              |

**5. If you are an attorney:**

A. How many years have you been in active practice? If none, please explain.

*26 years*

B. What is or was the nature of your practice? *Mediation/arbitration*

*since January 09. 1983-2008 civil litigation; response to "C" is for this work.*

C. What percentage of your practice has been representing plaintiffs *00%* defendants *100%*

D. How many of the following have you completed in the past five years?:

Jury trials *1* Court trials *0* Judicial arbitrations; *5*

**6. Is your ADR style facilitative or evaluative/directive?**

*Not limited to one style.*

**7. Describe your fee schedule, including any sliding-scale or pro-bono provisions.**

*\$290.00/hour, split equally between the parties. No non-refundable deposits.*

**8. Give any other information that should be considered by parties or counsel.**

*I travel to wherever the parties require mediation. No charge for travel or travel expenses.*