

SANTA CLARA COUNTY SUPERIOR COURT
BACKGROUND INFORMATION

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

Name	Phone	Fax
<i>Susan Joan Davidson, Esq.</i>	<i>415-325-4383</i>	
Street or P.O. Box	City	Zip Code
<i>697 Colusa Avenue</i>	<i>Berkeley, CA</i>	<i>94707-1517</i>
TODAY'S DATE:	<i> davidsonmediator@yahoo.com</i>	
Check each panel for which you have been accepted:	<input checked="" type="checkbox"/> mediation	<input checked="" type="checkbox"/> neutral evaluation

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

1976 - NYU - LLM Labor Administration

1975 - Golden Gate University - JD Fellowship International Court of Justice, The Hague

1972 - Mills College - BA

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

-At least one 40 hour course every two years for the past 20 years, plus many shorter courses including ADRA commercial; John Lemmon, Family; AAA, labor; FMCS, med-arb; Pepperdine, general; UCSC, general; CSLB, contract.

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.

- International Business Division - sole provider.*
- PCRC community - real estate, plane.*
- Personal Injury - 2 plaintiffs, 5 defendants, multi-million dollar investment - sole provider.*
- Medical Clinic dispute with State Department of Health Services - sole provider.*
- Inter and Intra health care organization facilitation - sole provider.*

4. Check your areas of substantive expertise:

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

5. If you are an attorney:

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

23 years

B. What is or was the nature of your practice?

Two years each; labor, plaintiff and defense personal injury, housing.

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

Full time neutral since 1991.

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

Jury trials *0* Court trials *0* Judicial arbitrations; *100+*

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

Can use both when appropriate, but prefer facilitative.

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

\$200.00/hour, but regularly serve limited resource clients.

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

I have conducted trainings for practitioners on all phases of ADR for the last ten years.