

**SANTA CLARA COUNTY SUPERIOR COURT
JUDICIAL ARBITRATOR BACKGROUND INFORMATION**

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

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Street or P.O. Box <i>899 Foxridge Way</i>	City <i>San Jose, CA</i>	Zip Code <i>95133</i>
State Bar Number: <i>42677</i>	Email address:	

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

-BS, San Jose State University 1965

-JD, Santa Clara University 1968

2. How many years have you been in active civil litigation practice as a member of the California State Bar?

35 years

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

Civil – contracts, leases, wills, probate, real estate

4. What percentage of your practice has been representing plaintiffs *40%* defendants *60%*

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

Jury trials *4*

Court trials *10*

Judicial arbitrations *100*

6. Describe the subject matter of five disputes for which you have been an ADR provider in the past five years, with the dates.

- *Fraud in jewelry consignment*
- *Construction contract, scope of work*
- *Real estate purchase, specific performance*
- *Fraudulent conveyance, personal guaranty of corporate loan*
- *Unfair competition*

7. Check your areas of substantive expertise:

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

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