

**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>420 Alberto Way #51A</i>	City <i>Los Gatos, CA</i>	Zip Code <i>95032</i>
State Bar Number: <i>112345</i>	Email address:	

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

-BS, Cal Poly San Luis Obispo 1973

-JD, Santa Clara University Law School 1983

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

21 years

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

Civil litigation – defense: personal and property, plaintiff: personal injury

4. What percentage of your practice has been representing plaintiffs 50% defendants 50%

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

Jury trials *0* Court trials *1* Judicial arbitrations *15*

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

- *Auto personal injury 2004*
- *Auto personal injury 2003*
- *Auto personal injury pedestrian 2003*
- *Professional malpractice 2003*
- *Personal injury 2004*

7. Check your areas of substantive expertise:

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

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

I have participated as co-mediator; have taken 40 hour mediation training program.