

**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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State Bar Number: <i>121198</i>	Email address: <i>policemisconduct@compuserve.com</i>	

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

-BA, Williams College 1974

-JD, Santa Clara University 1985

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

12 years

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

General trial practice, civil, criminal, appellate

4. What percentage of your practice has been representing plaintiffs 85% defendants 15%

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

 Jury trials 6 Court trials 3 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*
- *Police misconduct*
- *Employment*
- *Insurance coverage*
- *Real estate*

7. Check your areas of substantive expertise:

- | | | |
|--|---|---|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Health Care | <input checked="" type="checkbox"/> Personal Injury |
| <input checked="" type="checkbox"/> Business (Commercial - Contract) | <input type="checkbox"/> Housing | <input type="checkbox"/> Probate - Wills |
| <input checked="" type="checkbox"/> Civil Rights | <input type="checkbox"/> Intellectual Property | <input checked="" type="checkbox"/> Prof. Negl. (Non-Medical) |
| <input type="checkbox"/> Construction | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate |
| <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Family Law | <input type="checkbox"/> Partnership | |

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

Please see my profile on the Northern District of California web site.