

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

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

Name	Phone	Fax
<i>Lawrence M. Boesch, Esq.</i>	<i>408-421-8297</i>	
Street or P.O. Box	City	Zip Code
<i>P.O. Box 796</i>	<i>San Jose, CA</i>	<i>95106-0796</i>
State Bar Number: <i>114658</i>	Email address: <i>boesc@pacbell.net</i>	

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

*-BA, Catholic University of America, Philosophy 1973  
-MA, San Francisco State University, Philosophy 1977  
-JD, Golden Gate University School of Law, 1983*

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

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

*Commercial litigation, predominantly on plaintiff's side, but also including defense work and constructive trust real property cases.*

**4. What percentage of your practice has been representing plaintiffs *70%* defendants *30%***

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

Jury trials *0*      Court trials *3*      Judicial arbitrations *20*

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

- Investor suit to recover investment, 10/5*
- 3-sided manufacturer's rep contract, commissions, corporate veil – 3/05*
- Product liability, business loss – 9/04*
- Mortgage lender suit to recover on land developer's note – 12.04*
- Partnership dissolution, breach of venture agreement – 12/04*

**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 checked="" type="checkbox"/> Probate - Wills           |
| <input checked="" 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 checked="" 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 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        |   |

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

*Complete resume available upon request.*