

**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>063833</i>	Email address: <i>dja@aratalaw.com</i>	

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

-BA, Santa Clara University 1971

-JD, Santa Clara University 1974

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

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

Law practice specializing in probate, trusts and estate planning

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

I do not represent plaintiffs or defendants

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

Jury trials 0 Court trials 0 Judicial arbitrations *1/month for 20 years*

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

- *Probate litigation re. trust and will contests*)
- *Accounting disputes*) *Periodically over*
- *Probate section 850 petitions and disputes*) *the last 20 years*
- *Boundary line disputes*)
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7. Check your areas of substantive expertise:

- | | | |
|---|--|---|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Health Care | <input type="checkbox"/> Personal Injury |
| <input 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 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 type="checkbox"/> Tax |
| <input type="checkbox"/> Elder Issues/Abuse | <input type="checkbox"/> Medical Malpractice | <input checked="" type="checkbox"/> <i>Other (specify):</i> |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Neighborhood | <i>Trusts and trust administration</i> |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Partnership | |

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