

**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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<b>State Bar Number:</b> <i>37824</i>	<b>Email address:</b> <i>WTBrooks@brookshess.com</i>	

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

*-BA, Stanford University 1962*

*-LLB, Stanford University 1965*

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

*40 years*

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

*Primarily business and real estate transactions and litigation*

**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**    *0*      **Judicial arbitrations**    *0*

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

- *Construction*
- *Lease dispute – commercial lease*
- *Joint venture – concert audio services*
- *Commercial contract*
- *Breach of contract – internet services*

**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 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 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 type="checkbox"/> Family Law                                  | <input checked="" type="checkbox"/> Partnership |  |

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