

**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>87971</i>	<b>Email address:</b> <i>PBrewer@BrewerFirm.com</i>	

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

*-BA, Industrial Arts 1973*

*-JD, Santa Clara University 1979*

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

*27 years*

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

*Real Estate*

**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 2      Court trials 3      Judicial arbitrations

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

- *Real estate 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 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 type="checkbox"/> Partnership           |  |

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

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