

**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
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Street or P.O. Box	City	Zip Code
<i>227 N. First Street</i>	<i>San Jose, CA</i>	<i>95113</i>
State Bar Number: <i>116321</i>	Email address: <i>jcb@robinsonwood.com</i>	

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

-BA, Santa Clara University 1981

-JD, Santa Clara University 1984

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

23 years

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

Products liability, transportation/trucking

4. What percentage of your practice has been representing plaintiffs *10%* defendants *90%*

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

Jury trials *4* Court trials *1* Judicial arbitrations *7*

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 accidents (multiple)*
- *Fire loss '06*
- *Products case '05*
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7. Check your areas of substantive expertise:

- | | | |
|---|--|---|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Health Care | <input checked="" 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 type="checkbox"/> Real Estate |
| <input checked="" 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"/> Other (specify): |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Neighborhood | |
| | <input type="checkbox"/> Partnership | |

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