

**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>Cammie W. Chen</i>	<i>408-286-2700</i>	<i>408-282-7088</i>
Street or P.O. Box	City	Zip Code
<i>75 E. Santa Clara Street #1400</i>	<i>San Jose, CA</i>	<i>95113</i>
State Bar Number:	Email address:	
<i>127378</i>	<i>cwc@mchughchenlaw.com</i>	

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

*-JD, 1984*

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

*1987 to present*

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

*Civil litigation*

4. What percentage of your practice has been representing plaintiffs    *60%*    defendants    *40%*

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.

- *Personal injury 5/07*
- *Contract dispute*
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- 
- 

7. Check your areas of substantive expertise:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Banking                                     | <input type="checkbox"/> Health Care                    | <input type="checkbox"/> Partnership                |
| <input checked="" type="checkbox"/> Business (Commercial - Contract) | <input type="checkbox"/> Housing                        | <input checked="" type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Civil Rights                                | <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Probate - Wills            |
| <input checked="" type="checkbox"/> Construction                     | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Prof. Negl. (Non-Medical)  |
| <input checked="" type="checkbox"/> Defamation                       | <input checked="" type="checkbox"/> Labor - Employment  | <input type="checkbox"/> Real Estate                |
| <input checked="" type="checkbox"/> Disabilities                     | <input type="checkbox"/> Landlord/Tenant                | <input type="checkbox"/> Securities                 |
| <input type="checkbox"/> Elder Issues/Abuse                          | <input checked="" type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Tax                        |
| <input checked="" type="checkbox"/> Environment                      | <input type="checkbox"/> Neighborhood                   | <input type="checkbox"/> Other (specify):           |

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