

**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>Robert A. Bellagamba, Esq.</i>	<i>925-734-0990</i>	<i>925-734-0888</i>
Street or P.O. Box	City	Zip Code
<i>6130 Stoneridge Mall Road #275</i>	<i>Pleasanton, CA</i>	<i>94588</i>
State Bar Number: <i>56537</i>	Email address: <i>rbellagamba@clappmoroney.com</i>	

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

-BA, University of California, Davis 1969

-JD, University of San Francisco 1973

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

34 years

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

Civil litigation with emphasis on construction

4. What percentage of your practice has been representing plaintiffs *1%* defendants *99%*

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

Jury trials *1* Court trials *0* Judicial arbitrations *5*

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 defect*
- *Construction defect*
- *Construction defect*
- *Construction defect*
- *Construction defect*

7. Check your areas of substantive expertise:

- | | | |
|---|--|--|
| <input type="checkbox"/> Banking | <input type="checkbox"/> Health Care | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Business (Commercial - Contract) | <input type="checkbox"/> Housing | <input 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 checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Prof. Negl. (Non-Medical) |
| <input type="checkbox"/> Defamation | <input type="checkbox"/> Labor - Employment | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Landlord/Tenant | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Elder Issues/Abuse | <input type="checkbox"/> Medical Malpractice | <input type="checkbox"/> Tax |
| <input 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.