

**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>Daniel L. Cases, Esq.</i>	<i>650-948-7200</i>	<i>650-948-7220</i>
Street or P.O. Box	City	Zip Code
<i>One First Street #2</i>	<i>Los Altos, CA</i>	<i>94022</i>
State Bar Number:	Email address:	
<i>116528</i>	<i>law@legalteam.com</i>	

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

-BS, Accounting, Fresno State University 1981

-JD, Santa Clara University School of Law 1984

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

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

Primarily real estate litigation and transactions

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 *3* Court trials *4* 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.

- *Contractor – subcontractor dispute, March 05*
- *Attorney – client fee dispute, Sep 06*
- *Various other matters*
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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 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 type="checkbox"/> Defamation | <input type="checkbox"/> Labor - Employment | <input checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> Disabilities | <input checked="" 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.