

**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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State Bar Number: <i>60380</i>	Email address: <i>richabdalah@aol.com</i>	

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

-BA, UD Davis 1970

-JD, Santa Clara University 1974

-MBA, Santa Clara University 1978

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

30 years

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

Real Estate, Employment, Business-Litigation, and Transactional

4. What percentage of your practice has been representing plaintiffs 45% defendants 55%

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

Jury trials 2 Court trials 5 Judicial arbitrations 10

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

- Defective construction*
- Promissory note*
- Contract dispute*
- Employment dispute*
- Real estate*

7. Check your areas of substantive expertise:

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