

**SANTA CLARA COUNTY SUPERIOR COURT
JUDICIAL ARBITRATOR BACKGROUND INFORMATION**

Instructions: DO NOT ALTER THIS FORM IN ANY WAY. DO NOT ATTACH ADDITIONAL PAGES.

Name <i>Thomas S. Brazier, Esq.</i>	Phone <i>408-280-6800</i>	Fax <i>408-275-6284</i>
Street or P.O. Box <i>1570 The Alameda #150</i>	City <i>San Jose, CA</i>	Zip Code <i>95126</i>
State Bar Number: <i>55484</i>	Email address: <i>tom_brazier@LBRG.com</i>	

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

-BS, Microbiology & Biochemistry, California Clinical Laboratory technologist

-JD, Loyola

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

32 years

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

Civil litigation; mediation and arbitration

4. What percentage of your practice has been representing plaintiffs 30% defendants 70%

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

Jury trials *8* **Court trials** *0* **Judicial arbitrations** *100+*

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

- *Heavy truck litigation*
- *Medical malpractice*
- *Employment practices*
- *Partnership dissolution*
- *Medical product and devices*

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 checked="" type="checkbox"/> Prof. Negl. (Non-Medical) |
| <input type="checkbox"/> Construction | <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Defamation | <input checked="" 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 checked="" type="checkbox"/> Medical Malpractice | <input type="checkbox"/> <i>Other (specify):</i> |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Neighborhood | |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Partnership | |

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