

APPLICATION TO SERVE AS JUDICIAL ARBITRATOR

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE

Please return completed Application to:  
Superior Court of California, County of Orange  
Attn: Civil Unit Manager  
700 Civic Center Drive West  
P.O. Box 22014  
Santa Ana CA 92702-2014

1. Contact Information

Name:		CA Bar #:	
Employer:			
Business Address:			
City:		State:	Zip:
Mailing Address (If different):			
City:	State:	Zip:	
Email:			
Telephones: Daytime:	Evening:	Fax:	Cell:

2. Areas of Expertise and Facilities

I wish to receive referrals for the following case types:

Personal Injury  Business  Other

I have a facility within Orange County where I can conduct arbitration hearings

I prefer to have the arbitration hearing at:  My facility  Facility of counsel to litigant

I am available to accept cases on short notice.

I am fluent in the following language(s):  Spanish  Vietnamese  Other: \_\_\_\_\_

3. Education

Please provide the following information on your postsecondary education (not including classes/training not leading toward a degree):

Dates (from – to)	University	Degree Obtained

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4. Legal Practice and Experience (Minimum Requirement: Current Member of CA Bar – 10 Years)

Are you actively engaged in the practice of law at this time?  Yes  No

Number of years experience: \_\_\_\_\_

If you primarily represent either the plaintiff or the defendant, please indicate:

Plaintiff  Defendant

Areas of practice [check box]:

General Civil  Business  Personal Injury  Construction Defects  Landlord-Tenant  
 Consumer  Other (please describe):

PROFESSIONAL LICENSES:

Type of License	Date Obtained	License/Bar Number	Status (active/inactive)
CA Bar			

5. Disciplinary Actions and Criminal History

I  have  have not had disciplinary action, suspension from practice or fine in excess of \$250.00 imposed against me by the California State Bar or other legal/professional organization.

If you have, please explain fully: \_\_\_\_\_

I  am  am not aware of any pending disciplinary action against me.

If you are, please explain fully: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If you have, please explain fully: \_\_\_\_\_

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**6. Arbitration Training and Experience**

**ARBITRATION TRAINING:**

Organization	Course Title	Hours	Date

**TEMPORARY JUDGE TRAINING**

Organization	Course Title	Hours	Date

Have you applied for the Superior Court of Orange County Temporary Judge program and been turned down?

Yes  No

Have you been or are you currently on the Superior Court of Orange County Arbitration Panel?

Yes  No If yes, dates: from \_\_\_\_\_ to \_\_\_\_\_

Have you been on the Court Arbitration Panel in any other court(s)?  Yes  No

If yes, please provide dates and locations:

Dates	Location

**AFFILIATION WITH OTHER DISPUTE RESOLUTION ORGANIZATIONS**

Name of Provider Organization	Nature of Affiliation	Number of Years

**NUMBER OF ARBITRATION PROCEEDINGS COMPLETED:**

Bankruptcy	False Imprisonment	Personal Injury - Auto
Business/Corporate	General Civil	Personal Injury – Other
Civil Rights	Homeowners Association	Premises Liability
Collections	Immigration	Product Liability
Construction	Insurance Coverage	Property Liability
Contract/Breach	Intellectual Property	Real Property/Real Estate
Eminent Domain	Labor	Securities
Employment – Discrimination	Landlord-Tenant	Tax
Employment – Termination	Legal Malpractice	Trademarks/Secrets
Entertainment	Maritime	Unfair Competition
Environmental	Medical Malpractice	Wrongful Death
Fraud	Partnership	Other:

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**7. References.**

Please provide two references who can verify your litigation experience and subject matter expertise:

NAME:		FIRM:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY, PARTY OR CO-MEDIATOR):				

NAME:		FIRM:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY, PARTY OR CO-MEDIATOR):				

**8. Insurance**

I  have or  will obtain and maintain insurance covering services as a arbitrator naming the Superior Court as an additional insured. (this is not a current requirement to serve on the panel)

<b>INSURANCE CARRIER</b>				
NAME:				
ADDRESS				
CITY:		STATE:	ZIP:	
PHONE:		FAX:		

**9. Certification**

- A copy of my resume is attached to this application.
- I am a member in good standing of the State Bar of California. (initial)\_\_\_\_\_
- I have read and will comply with the Court's ADR Neutral Handbook as it pertains to Arbitrators. (initial)\_\_\_\_\_

I hereby accept my appointment to the Judicial Arbitration Panel for the Superior Court; State of California; County of Orange. I agree to serve and to abide by all the applicable statutes, court rules, local rules and program guidelines. I will use my best effort to discover and disclose to the parties any conflict of interest or potential conflict I may possess. I understand that I have an ongoing duty to disclose any changes to my responses in Section 4.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_