



**COURT OF APPEAL, SECOND APPELLATE DISTRICT  
MEDIATION PROGRAM**

***MEDIATOR APPLICATION***

*Please complete the following application and return it with your resume.*

**Name** \_\_\_\_\_

**Firm/Agency** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street/P.O. Box City County Zip code

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-mail** \_\_\_\_\_

- 1. Describe your education, including degrees and the dates received:**
- 2. Describe any mediation training you have received. (For each training, give the trainer's name, the dates attended and the total hours.)**
- 3. Describe your mediation experience, not including settlement conferences. Describe the subject matter of five disputes for which you have been a mediator in the past five years, with the dates and approximate length of the mediation. (Do not include the names of the parties. State whether you were a sole mediator or a co-mediator.)**
- 4. List other court mediation panels on which you presently serve.**

5. State the name of any organization for which you have provided mediation services during the past five years.

6. Check areas of your substantive expertise:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Banking            | <input type="checkbox"/> Environment              | <input type="checkbox"/> Medical malpractice |
| <input type="checkbox"/> Business/Contracts | <input type="checkbox"/> Family law               | <input type="checkbox"/> Partnership         |
| <input type="checkbox"/> Civil rights       | <input type="checkbox"/> Health care              | <input type="checkbox"/> Personal Injury     |
| <input type="checkbox"/> Construction       | <input type="checkbox"/> Housing/homeowners assn. | <input type="checkbox"/> Real estate         |
| <input type="checkbox"/> Defamation         | <input type="checkbox"/> Insurance                | <input type="checkbox"/> Securities          |
| <input type="checkbox"/> Eminent domain     | <input type="checkbox"/> Intellectual property    | <input type="checkbox"/> Tax                 |
| <input type="checkbox"/> Employment/labor   | <input type="checkbox"/> Landlord-tenant          |  |

Other specify: \_\_\_\_\_

7. If you are an attorney, how many years have you been in active practice? \_\_\_\_\_

8. What is (or was) the nature of your practice? \_\_\_\_\_

9. Are you certified in any specialty? If so, please specify:  
\_\_\_\_\_

10. What percentage of your practice has been representing  
plaintiffs \_\_\_\_% defendants \_\_\_\_%?

11. How many of the following have you completed in the past five years?  
Jury trials \_\_\_\_ Court trials \_\_\_\_ Arbitrations \_\_\_\_ Appeals \_\_\_\_

12. Describe your appellate experience:

13. If you have mediation experience, is your mediation style facilitative or  
evaluative/directive? \_\_\_\_\_

14. List any languages, other than English in which you can conduct a mediation.

15. State any other information that should be considered in respect to your application.

List the names and telephone numbers of three persons familiar with your mediation or appellate skills, indicating which applies.

Name	Phone	Mediation	Appellate

**Mediation Training**

If you are invited to enroll in the Mediation Program’s Appellate Mediation Training, **you must attend** all required training sessions.

- Orientation to Appellate Mediation (half day)*
- Advanced Appellate Mediation Training (2 days)*
- Fundamentals of Appellate Mediation (2 days)*

The dates of all training sessions will be announced at a later time. If you cannot attend all required sessions, you are not eligible for appointment to the Mediation Program’s panel.

**Please read and sign the following agreement:**

- a. In consideration of the appellate mediation training to be provided by the Court, I agree to convene and mediate four mediation referrals within two years of this application. (Please see *Mediator compensation*, p. 3, *Mediation Program Information*.)
- b. I agree to be bound by the Mediation Program’s policies and procedures.
- c. I agree to waive any and all claims against the Court in connection with my mediation of any Court-referred dispute.
- d. I agree to adhere to the ethical standards for mediators adopted by the Court.
- e. (For attorneys) I am in good standing with the State Bar of California.

Date: \_\_\_\_\_ Name (print): \_\_\_\_\_

Signature \_\_\_\_\_

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*Please e- mail or fax this application and your resume for expeditious handling or mail to:*

Theresa Carter-Mata, Mediation Coordinator  
 Court of Appeal, Second Appellate District  
 300 South Spring Street, Second Floor – North Tower  
 Los Angeles, California 90013  
 213-830-7136 • Fax # 213-830-7033  
 theresa.carter-mata@jud.ca.gov