



Superior Court of California  
County of Ventura

**COURT-ORDERED CIVIL MEDIATION PROGRAM  
MEDIATOR APPLICATION**

**CONTACT INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**OCCUPATION**

Current Occupation \_\_\_\_\_

Employed by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(If applicable)

How Long \_\_\_\_\_ Attorney Bar No. \_\_\_\_\_ Since \_\_\_\_\_

**EDUCATION**

<u>School/College</u> <i>(Undergraduate)</i>	<u>Course of Study</u>	<u>Dates</u>	<u>Degree/Certificates</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Graduate/Law School)*

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## MEDIATION EXPERIENCE

List Mediation Training Program Completed: *(Attach copies of certificates)*

<u>ADR Training Organization</u>	<u>Trainer Name</u>	<u># of Hours</u>	<u>Dates</u>
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Are you Currently a Mediator?	Yes _____	No _____
In Private Practice	Yes _____	No _____
With a Voluntary Agency	Yes _____	No _____
With a Superior Court	Yes _____	No _____
If yes, list where: _____		

List Mediation Organization/Agency/Professional Practice Mediation Experience:

<u>Dates</u>	<u>Location &amp; Telephone</u>	<u>Type of Cases</u>	<u># of Cases</u>	<u>Total Hours</u>
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List Agencies or Organizations for which you are an Approved Mediator:


Describe your areas of Expertise/Experience/Interests related to Mediation

Bankruptcy	Family Law
Breach of Contract	HOA and CC&R
Business/Partnership	Medical Malpractice
Civil Rights	Personal Injury
Code Enforcement	Probate
Construction Defect	Product Liability
Discrimination	Real Estate
Employment/Labor	Unlawful Detainer
Environmental	Other:

**VERIFICATION OF CIVIL MEDIATION EXPERIENCE**

**List at least four (4) cases mediated within the past two (2) years.**

**1) Case No.** \_\_\_\_\_

Mediation Date \_\_\_\_\_ Length of Mediation \_\_\_\_\_ *(at least 2 hrs)*

Name of Plaintiff(s) \_\_\_\_\_

Name of Defendant(s) \_\_\_\_\_

Brief Description of Case

Mediation Outcome:

\_\_\_\_\_ Full Settlement \_\_\_\_\_ Partial Settlement \_\_\_\_\_ No Settlement

(If applicable)

Organization \_\_\_\_\_ Co-Mediator Name \_\_\_\_\_

Evaluator/mentor mediator \_\_\_\_\_ Telephone No. \_\_\_\_\_

**2) Case No.** \_\_\_\_\_

Mediation Date \_\_\_\_\_ Length of Mediation \_\_\_\_\_ *(at least 2 hrs)*

Name of Plaintiff(s) \_\_\_\_\_

Name of Defendant(s) \_\_\_\_\_

Brief Description of Case

Mediation Outcome:

\_\_\_\_\_ Full Settlement \_\_\_\_\_ Partial Settlement \_\_\_\_\_ No Settlement

(If applicable)

Organization \_\_\_\_\_ Co-Mediator Name \_\_\_\_\_

Evaluator/mentor mediator \_\_\_\_\_ Telephone No. \_\_\_\_\_

**3) Case No.** \_\_\_\_\_

Mediation Date \_\_\_\_\_ Length of Mediation \_\_\_\_\_ *(at least 2 hrs)*

Name of Plaintiff(s) \_\_\_\_\_

Name of Defendant(s) \_\_\_\_\_

Brief Description of Case

Mediation Outcome:

\_\_\_\_\_ Full Settlement \_\_\_\_\_ Partial Settlement \_\_\_\_\_ No Settlement

(If applicable)

Organization \_\_\_\_\_ Co-Mediator Name \_\_\_\_\_

Evaluator/mentor mediator \_\_\_\_\_ Telephone No. \_\_\_\_\_

**4) Case No.** \_\_\_\_\_

Mediation Date \_\_\_\_\_ Length of Mediation \_\_\_\_\_ *(at least 2 hrs)*

Name of Plaintiff(s) \_\_\_\_\_

Name of Defendant(s) \_\_\_\_\_

Brief Description of Case

Mediation Outcome:

\_\_\_\_\_ Full Settlement \_\_\_\_\_ Partial Settlement \_\_\_\_\_ No Settlement

(If applicable)

Organization \_\_\_\_\_ Co-Mediator Name \_\_\_\_\_

Evaluator/mentor mediator \_\_\_\_\_ Telephone No. \_\_\_\_\_

## PROFESSIONAL EXPERIENCE

List Prior Occupation(s) or Business Experience:

<u>Employer</u>	<u>Position</u>	<u>Dates of Employment</u>
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Are you licensed in other professions or occupations?

<u>Occupation</u>	<u>Licensing Agency</u>	<u>State</u>	<u>License No.</u>
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Current Membership(s) in Professional Organizations:

<u>Organization</u>	<u>Position</u>	<u>Dates</u>
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Multi-Lingual Abilities:

Fluency in Languages other than English? Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Language</u>	<u>Degree of Fluency</u>
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Have you been convicted of a felony and/or a misdemeanor involving moral turpitude? Yes \_\_\_\_ No \_\_\_\_ (If so, explain:)

Other Relevant Information: (Use a separate sheet if needed.)

<b>ALTERNATIVE QUALIFICATION REQUEST</b>
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*(If applicable)*

An applicant seeking placement on the Court's Civil Mediator list who does not meet all the education, training, and experience requirements may still qualify if the applicant provides evidence of other sufficient education, training, skills and/or experience satisfactory to the court's ADR Program Committee and Presiding Judge.

Please describe in detail below (and attach separate sheets if necessary) such other education, training, experience and/or skills:

## REFERENCES

List the Names of four (4) References (non-family) relating to your Mediation experience. *(Include at least two professional references)*

**1)** Name \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Describe Relationship \_\_\_\_\_

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**2)** Name \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Describe Relationship \_\_\_\_\_

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**3)** Name \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Describe Relationship \_\_\_\_\_

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4) Name \_\_\_\_\_ Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Describe Relationship

<b>VERIFICATION</b>
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By my signature below I declare under penalty of perjury that the information provided in this application is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_





# Superior Court of California County of Ventura

## COURT-ORDERED CIVIL MEDIATION PROGRAM MEDIATOR PROFILE

### CONTACT INFORMATION

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### BACKGROUND

Education:	<i>Institutions</i>	<i>Year</i>	<i>Degree</i>
	_____	_____	_____
	_____	_____	_____

Professional Licenses:	<i>Type &amp; Number</i>	<i>Year</i>
	_____	_____
	_____	_____

Mediation Training: \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

Brief Professional Summary:

Foreign Language Proficiency (*Specify*): \_\_\_\_\_

### AREAS OF EXPERTISE

- |   |  |
|---|--|
| <input type="checkbox"/> Bankruptcy           | <input type="checkbox"/> Family Law          |
| <input type="checkbox"/> Breach of Contract   | <input type="checkbox"/> HOA and CC&R        |
| <input type="checkbox"/> Business/Partnership | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Civil Rights         | <input type="checkbox"/> Personal Injury     |
| <input type="checkbox"/> Code Enforcement     | <input type="checkbox"/> Probate             |
| <input type="checkbox"/> Construction Defect  | <input type="checkbox"/> Product Liability   |
| <input type="checkbox"/> Discrimination       | <input type="checkbox"/> Real Estate         |
| <input type="checkbox"/> Employment/Labor     | <input type="checkbox"/> Unlawful Detainer   |
| <input type="checkbox"/> Environmental        | <input type="checkbox"/> Other:              |