



Superior Court of California County of San Francisco

Application For Individual Listing SAN FRANCISCO SUPERIOR COURT PROBATE COURT PRO BONO MEDIATION PANEL

I am applying for appointment to the Probate:

- Trusts & Estates Panel
- Conservatorship & Guardianship Panel

1. Contact Information

Applicant's Name: _____

Current Occupation: _____

Firm Name: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____ Fax: (____) _____

Email: _____

2. **Licensing.** Please provide the following:

(a) CA State Bar No. _____ Date Admitted: _____ Active Inactive
Bar Membership: Other States _____
Certified Specialties: _____

(b) Are you licensed in a profession or occupation other than law? YES NO

Occupation _____ License# _____
State _____ Licensing Agency _____

3. Areas of Expertise

(a) Check areas of expertise or background, in law or mediation.

- | | | |
|--|---|---|
| Law Med | Law Med | Law Med |
| <input type="checkbox"/> <input type="checkbox"/> Conservatorships | <input type="checkbox"/> <input type="checkbox"/> Partnership/Corporate | <input type="checkbox"/> <input type="checkbox"/> Family Law-Other |
| <input type="checkbox"/> <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> <input type="checkbox"/> Real Estate/Property | <input type="checkbox"/> <input type="checkbox"/> Other Quality of Life |
| <input type="checkbox"/> <input type="checkbox"/> Landlord/ Tenant | <input type="checkbox"/> <input type="checkbox"/> Tax | Issues (e.g., neighbor |
| <input type="checkbox"/> <input type="checkbox"/> Probate | <input type="checkbox"/> <input type="checkbox"/> Family Law- | disputes) |
| <input type="checkbox"/> <input type="checkbox"/> Trusts | Custody/Visitation | |
| <input type="checkbox"/> <input type="checkbox"/> Other (please indicate): _____ | | |

(b) Indicate any other special attributes, skills, interests or aspects of your practice:

(c) I am fluent and able to conduct mediations in the following language(s):

- Spanish Cantonese Mandarin Other: _____

4. Mediation Rates in Excess of Pro Bono Time

(a) The Probate Pro Bono Mediation Panels provide for up to 2 hours of preparation time and up to 4 mediation time. If the parties voluntarily agree to continue the mediation with the mediator, they may agree to pay the mediator an hourly rate.

My current rate for mediation is: \$ _____ per: _____

If there is a sliding scale fee or other arrangement available for lower income parties, please describe:

(b) Will you accept cases with self-represented litigants? YES NO

5. Mediation Training and Experience. Please affirm any or all of the below information and be sure to provide evidence satisfying the applicable option(s).

(a) I have completed a comprehensive mediation training, which includes:

- At least one basic mediator-training course, covering conflict/communication theory, stages of mediation process, mediation skills/techniques, ethics, etc.;
- Experiential training (e.g., demonstrations, role playing); and
- The laws governing mediation, including mediation confidentiality.

MEDIATION TRAINING. Attach additional pages if necessary.

Organization/ Provider	Course Title/ Brief Description of Training	No. of Hours	Month/Year Attended

(b) OTHER RELEVANT TRAINING (Including Temporary Judge Training).

Organization	Course Title	Hours	Month/Year

(c) I have been a trained mediator for: 1-5years 6-10 years 10+years

(d) ADR PANELS. Please list the court, county and/or other private, community, or volunteer agencies in which you have served. Attach additional pages if necessary.

ADR Panel Title/ Type & Location	From (Month/Year)	To (Month/Year)

(e) AFFILIATION WITH OTHER DISPUTE RESOLUTION ORGANIZATIONS.

Name of Provider Organization	Nature of Affiliation	Number of Years

(f) MEDIATION EXPERIENCE. I have served as the mediator or co-mediator in at least five cases within the past three years, as follows (please do not list case names):

	Panel/Organization Mediated For	Case Type/ Subject Matter	Number of Hours	Date (Mo/Year)
1.				
2.				
3.				
4.				
5.				

Approximately how many mediations in total have you conducted as a mediator? _____

6. Disciplinary Actions and Criminal History

(a) I have have not pleaded guilty or no contest to, or been convicted of, a felony or misdemeanor.

If you have, please explain fully: _____

(b) I have have not been suspended or subject to disciplinary action as a result of an investigation from a professional organization, public entity or mediation program.

If you have, please explain fully: _____

(c) I am am not aware of any pending disciplinary action against me by any professional organization, public entity or mediation program.

If you are, please explain fully: _____

Criminal or disciplinary actions will not automatically bar you from inclusion in the program. Each case is considered individually. Failure to list criminal convictions or professional disciplinary actions taken against you, however, will result in automatic removal from the program.

7. Additional Information. Please provide a brief description of any additional information that you would like considered:

8. References. List three or more persons who are familiar with your work as a *mediator* and/or have appeared before you in *mediation*. (Please be mindful of confidentiality and to seek prior permission to use these names.)

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

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

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

9. Certification. In completing this application, I represent that:

- I am willing and able to conduct mediations in San Francisco, if that is where the parties prefer to meet.
- I have read and will fully comply with the California Rules of Court, rule 3.850 et seq., regarding Rules of Conduct for Mediators in Court-Connected Mediation Programs for Civil Cases.
- I agree to complete all mediation program forms as directed by the Court.
- I agree to mediate at least two pro bono cases per year as assigned by the Court.
- I agree to report to the ADR Administrator any criminal case in which I pled guilty or no contest or in which I am convicted as well as any disciplinary action taken against me by any state, federal or professional licensing board and/or agency.

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct to the best of my knowledge.

Date: _____

Print name: _____

Signature: _____

Please return this form and additional written information as described in the instructions to:

Probate Director
 San Francisco Superior Court
 400 McAllister, Room 202
 San Francisco, CA 94102-4514
 FAX: (415) 551-3651
 akim@sftc.org

**PLEASE NOTE: INCLUSION ON THE PROBATE PRO BONO
MEDIATION PANELS IS IN THE SOLE DISCRETION OF THE
PROBATE BENCH OFFICERS IN CONSULTATION WITH THE
PROBATE ADVISORY COMMITTEE AND
IS NOT GUARANTEED.**