

UNITED STATES BANKRUPTCY COURT
Southern District of California

APPLICATION TO JOIN COMPENSATED MEDIATION PANEL

Name: _____ Phone Number: _____

Address: _____

Applicant has completed 25 hours of mediation training at the San Diego Mediation Center or at _____, which is a training center qualified under Title 16 California Dispute Resolution Act, Section 3615-3635 and Sections 465-467.7 of the California Business and Professions Code. The training was completed on _____.

During the preceding calendar year, applicant has

- 1) conducted two (2) bankruptcy mediations or six (6) hours of mediation for another source. Please describe mediation by case name or other identifying information:

OR

- 2) attended a half-day refresher program provided by the San Diego Mediation Center or an equivalent qualified center consistent with the California Dispute Resolution Act. The refresher program was held on _____.

- [Optional] Biographical information is set forth on Exhibit A.
- [If an attorney] Applicant's California State Bar Number is: _____

Applicant understands that a yearly renewal application must be filed with the Chief Judge of the Bankruptcy Court no later than December 15 of the year prior to the calendar year in which compensated mediation will be conducted.

I hereby certify that the undersigned meets the qualifications for membership to the Compensated Mediation Panel and that the foregoing is true and correct.

Dated: _____ (Signature)

FORWARD TO: SAN DIEGO COUNTY BAR ASSOCIATION
Attn: Study Section
1434 Fifth Avenue
San Diego, California 92101

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MEDIATOR BIOGRAPHICAL INFORMATION

Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

Education (list institutions, degrees, dates):

Mediation training (list name of trainer and number of hours):

Types of disputes handled and subject matter specialties (check all applicable categories):

- | | |
|---|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Governmental/Public Agency |
| <input type="checkbox"/> Bankruptcy/Business/Commercial | <input type="checkbox"/> Family/Dissolution |
| <input type="checkbox"/> Community/Neighborhood | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Property/Real Estate |
| <input type="checkbox"/> Employment/Labor Relations | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Environmental | |

Experience - How long have you been providing this service?

List relevant organizations, panels, or programs in which you are a member (e.g.; Superior Court Arbitration, American Arbitration Association, Center for Public Resources, etc.):