

**APPLICATION FOR THE  
SONOMA COUNTY SUPERIOR COURT “NO FEE” MEDIATION PANEL**

**I. QUALIFICATIONS**

There are three different ways to qualify for the Sonoma County Superior Court “No Fee” Panel of Mediators, designated as Tracks A, B, and C. Please place a check in the box next to the Track under which you are applying.

*Please note: These are minimum requirements; meeting the minimum requirements does not automatically result in acceptance as a panelist. Participation in the Sonoma County Superior Court Mediation Program rests solely within the Court’s discretion and is at the Court’s pleasure.*

**Track A:**

All current, active members of the Sonoma County Superior Court Panel of Mediators (market rate) are deemed to be qualified to serve on the “No Fee” Panel of Mediators. (Members of the Sonoma County Superior Court Panel of Mediators only need to complete sections V and VI).

**Track B:**

Have completed (1) at least 5 days or 40 hours of participatory education or training including role playing in mediation conducted by a single recognized mediation training or education provider through a course designed to train mediators *and* have completed (2) at least 5 mediations serving as a mediator during the past twenty-four months and a total of at least 10 mediations.

**Track C:**

1. Have completed at least three days or 30 hours of participatory education or training from a single recognized provider of mediation training through a program designed to train mediators, which covers all of the requirements set forth in California Code of Regulations § 3622, Orientation and Training of Neutral Persons;
2. Have completed at least five mediations as a mediator or co-mediator;
3. Submit a letter of recommendation from a professional mediator who would be qualified to serve on the Sonoma County Superior Court Panel of Mediators stating that the applicant has the skills necessary to competently mediate general civil cases with up to \$50,000 in dispute; and
4. On request, appear for a personal interview with the Sonoma County Superior Court ADR Program Administrator.

**II. PERSONAL** (All fields are required)

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

Firm/Employer: \_\_\_\_\_

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

Street City State Zip Code

Mailing Address (if different): \_\_\_\_\_

Street City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Year admitted to the Bar: \_\_\_\_\_ ( ) Active ( ) Inactive; Bar # \_\_\_\_\_ State \_\_\_\_\_

Are you licensed in a profession or occupation other than law? \_\_\_\_\_

Occupation \_\_\_\_\_ Licensing Agency \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_.

Do you carry Errors & Omissions Insurance for Mediators? (If yes, indicate carrier, level of coverage, and term): \_\_\_\_\_

***Education***

School Course of Study Dates Degree/Certificates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***ADR Experience*** (Please attach additional sheets, if necessary)

Please list other ADR panels (e.g.: federal and/or county court panels, private providers, etc.) on which you have served during the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Summarize other professional experience, particularly during last five years, and other professional affiliations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Foreign Language Capabilities***

Foreign Languages: \_\_\_\_\_

Degree of Fluency: \_\_\_\_\_

***Mediation Style*** Please provide a description of your mediation style or philosophy:

\_\_\_\_\_  
\_\_\_\_\_

***Mediation Rates*** What are your fees? \$ \_\_\_\_\_ per \_\_\_\_\_. Do you charge a minimum fee? If so, what is the minimum fee? \$ \_\_\_\_\_.

Do you offer sliding-scale fees? (Y/N) \_\_\_\_\_

**III. TRAINING AND EXPERIENCE** (Please attach additional sheets if necessary.)

***Mediation Training Programs Completed***

<u>Program Title</u>	<u># of Hours</u>	<u>Dates</u>	<u>Name &amp; Address of Provider</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I would like to be listed as a co-mediator. I am willing to work with the following co-mediators:

no preference

I am willing to co-mediate with the following mediators:

<u>Name</u>	<u>Address</u>	<u>Tel. No.</u>	<i>Member of SCSC Panel (Y/N)</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Mediation Experience: Please be cautious not to reveal confidential information.**

<u>Type of Case</u>	<u>Year</u>	<u>(# of hours or sessions)</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

***If applying to the Mediation Panel based on other satisfactory evidence of mediation training, skills or current experience, please attach a separate sheet detailing such other training, experience or skills.***

**Other Mediation Experience and Training (Track C): Please be cautious not to reveal confidential information.** (Please attach a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Mediation References***

Provide three references for your work as a mediator. Please list at least two persons who have been participants in mediations you have conducted.

(We encourage you to be mindful of the confidentiality requirements and to seek prior permission to use these names. These names will be used only to evaluate applicant qualification and will not be published elsewhere.)

<u>Reference Contact Name</u>	<u>Address</u>	<u>Phone</u>
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**IV. SUBJECT MATTER BACKGROUND/EXPERIENCE**

Please indicate areas with which you have experience. For non-legal experience, please indicate the capacity in which you gained expertise in the area.

<b>Area of Expertise</b>	<b>Legal Experience</b> (# of years)	<b>Other Experience</b> (# of years)	<b>Experience as a Mediator</b> (# of mediations)
Business			
Construction Defect			
Collections			
Defamation			
Elder			
Employment			
Estate/Trust/ Probate			
Fraud			
Family Law			
Intellectual Property			
Insurance			

Juvenile			
Labor			
Neighborhood			
Personal Injury			
Professional Malpractice indicate areas (e.g. medical/legal)			
Product Liability			
Public Agency			
Real Estate/ Land Use			
Unlawful Detainer			
Other (specify)			

Have you ever been convicted of a felony or a crime? If so, explain: (Please attach additional sheets, if necessary) \_\_\_\_\_

Have you ever been expelled, suspended or publicly reprovved by the State Bar of California, a local bar association or other professional licensing entity? If so, explain: (Please additional sheets, if necessary) \_\_\_\_\_

Has a complaint ever been made against you as a Mediator? If yes, please explain: (Please attach additional sheets if necessary): \_\_\_\_\_

**V. MEMBERS OF SONOMA COUNTY SUPERIOR COURT PANEL OF MEDIATORS (ONLY)**

In addition to the pro bono commitment I have made as a member of the Sonoma County Superior Court Panel of Mediators (Market Rate Panel) I would like to join the No Fee Panel of Mediators. I am willing to serve in up to \_\_\_\_\_ “No Fee” Mediations per year.  
(number of mediations)

I  will  will not waive the \$150 fee for these mediations.

## VI. AGREEMENT

I consent to:

1. Fully comply with the Rules of Conduct for Mediators in Court-Connected Mediation Programs for General Civil Cases (California Rules of Court, Rules 3.850 – 3.868). In particular: comply with all disclosure requirements regarding conflicts of interest and with the mediator complaint procedures.
2. Agree to be observed and evaluated by a representative of the Court's Mediation Program during mediation, with the consent of the participants.
3. Inquire about any special needs of mediation participants. The inquiry shall not be limited to Americans with Disabilities Act requirements and shall include questions about translation requirements and whether participants may have problems sitting for long periods of time or need other physical assistance.
4. **FEES:** Prior to the mediation, I agree to fully disclose, in writing, all fees that I will charge for services after the initial three-hours of free mediation.

### PLEASE NOTE:

- a. Panelists will be paid a flat fee of \$150 per mediation by the court, unless the panelist is providing the mediation services as part of a *pro bono* commitment to the court or has otherwise agreed to serve on a *pro bono* basis.
- b. Panelists may not charge for preparation time and shall provide up to three full hours of actual mediation time at no cost to the litigants or counsel.
- c. Panelists who are also members of the Sonoma County Superior Court Panel of Mediators may charge their normal hourly rate after the three hour No Fee period, provided that the parties have voluntarily requested, in writing, that the mediator to continue the mediation on a fee basis.
- d. Panelists who are not members of the Sonoma County Superior Court Panel of Mediators may charge up to \$150 per hour for mediation time after the three hour No Fee period, provided that the parties have voluntarily requested, in writing, that the mediator to continue the mediation on a fee basis. A form to authorize charges after the initial three hour period is available on the Court's website.
- e. Panelists MAY NOT require parties or counsel to tender any fee or deposit prior to the mediation session.

**Panelist's Initials \_\_\_\_\_**

5. Agree to maintain currency in mediation skills by conducting a minimum of five mediations per year. Please note: The court cannot guarantee any panelist that he or she will be assigned five mediations per year through this program.

6. Agree to maintain subject matter currency by completing a minimum of 4 hours of continuing education in alternative dispute resolution every year.
7. Mediate up to two cases through this program per year either *pro bono* or for a reduced-fee, based on party income-eligibility, at the request of the court.
8. [This paragraph deleted.]
9. Provide the Court with such other supplemental information as may be requested from time to time.
10. Fully comply with Local Rule 16 as amended from time to time. In particular, fill out and return Mediator evaluation forms and distribute attorney, client, and non-party participant evaluation forms as required by Local Rule 16.

My initials above and my signature below certify that I have made full disclosure of all information requested in this application form, that I agree to all of the above, and that I understand and will comply with the fee provisions.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Please send this completed application [by facsimile to \(707\) 521-6756](tel:(707)521-6756) or by mail, addressed to:

ADR Program Coordinator  
Sonoma County Superior Court  
3055 Cleveland Avenue  
Santa Rosa, California 95403