

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA  
CIVIL EARLY SETTLEMENT CONFERENCE NEUTRAL  
BACKGROUND INFORMATION**

*(PLEASE DO NOT ALTER THIS FORM IN ANY WAY. DO NOT ATTACH ADDITIONAL PAGES)*

---

Name State Bar Number Email Address

---

Firm Name Phone Number Fax Number

---

Street or P.O. Box City Zip Code

1. a. Are you a member of the California State Bar?  Yes  No  
b. When were you admitted? \_\_\_\_\_  
c. What is or was the nature of your practice? \_\_\_\_\_  
d. What percentage of your practice has been representing plaintiffs \_\_\_\_\_ defendants \_\_\_\_\_?

2. Describe your education, including any ADR training you have received. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Check the boxes that describe your areas of practice:

- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Business (Contract/Collection) | <input type="checkbox"/> Real Estate            |
| <input type="checkbox"/> Labor/Employment               | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Personal Injury                |                                                 |

4. Are you willing to conduct conferences:  
in Santa Clara County?  Yes  No  
at your office?  Yes  No  
during non-judicial hours?  Yes  No

5. Provide any other information that should be considered by parties or counsel. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION AND OATH**

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I have read the rules of the Civil Early Settlement Conference Program. I agree to serve as an early settlement conference neutral and to faithfully discharge my duties under this program. I agree to be paid by the Court a maximum flat rate of \$150.00 per case for up to three hours of my time. I agree to make arrangements directly with counsel and parties regarding my compensation for any time over three hours. I agree to accept at least one pro bono case per year. I understand that the conference conducted under this pilot program is a settlement conference under California Rule of Court 3.1380, and not a mediation as defined in Evidence Code §1115. I understand that the provisions of Evidence Code §1115 et seq., including those which provide for confidentiality, nonadmissibility, and nondisclosure, do not apply. I agree to waive any and all claims against the Superior Court of California, County of Santa Clara in connection with my services for this program.*

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

**MAIL THIS FORM TO:  
LAURIE MIKKELSEN, ADR ADMINISTRATOR  
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA  
191 N. FIRST STREET  
SAN JOSÉ, CA 95113  
OR FAX TO 408-882-2595 OR EMAIL ADR@SCSCOURT.ORG**