

**SUPERIOR COURT OF CALIFORNIA**  
**County of Marin**



**APPLICATION FOR JUDICIAL ARBITRATOR**

NAME: \_\_\_\_\_ STATE BAR NO.: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

TELEPHONE: Work \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ TAX I.D. NO.: \_\_\_\_\_

Describe your education, including degrees and the dates received:

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

How many years have you been in active civil litigation practice as a member of the California State Bar? \_\_\_\_\_

Are you currently in active practice? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a retired judge? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, date of retirement: \_\_\_\_\_

What percentage of your practice has been representing plaintiffs? \_\_\_\_\_ % defendants? \_\_\_\_\_%

How many of the following have you completed in the past five years?

Jury trials: \_\_\_\_\_ Court trials: \_\_\_\_\_ Judicial arbitrations: \_\_\_\_\_

Describe the subject matter and dates of up to five of the completed jury trials enumerated above:

➤ \_\_\_\_\_  
➤ \_\_\_\_\_  
➤ \_\_\_\_\_  
➤ \_\_\_\_\_  
➤ \_\_\_\_\_

Check the boxes that describe your experience, with percentages, and indicate whether you would be willing to hear cases in each subject area:

- Business (Commercial - Contract) \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Labor - Employment \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Legal Malpractice \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Medical Malpractice \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Personal Injury \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Probate \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Real Estate \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_
- Other: \_\_\_\_\_ % Yes \_\_\_\_\_ No \_\_\_\_\_

How many times per year would you be willing to serve as a judicial arbitrator? \_\_\_\_\_

Are you willing to conduct hearings:

- in Marin County? Yes \_\_\_\_\_ No \_\_\_\_\_
- at your office? Yes \_\_\_\_\_ No \_\_\_\_\_
- during non-judicial hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any disciplinary action, suspension from practice, or fine or sanctions in excess of \$250 been imposed against you by the California State Bar, other legal/professional organization or a court?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please explain in detail, including dates:

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Please provide any additional information to be considered in reviewing your application.

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**DECLARATION AND OATH**

*I declare under penalty of perjury that the foregoing is true and correct. I agree to serve as an arbitrator under Code of Civil Procedure Sections 1141.10 et seq. and California Rules of Court, Rule 3.814 and to faithfully discharge my duties under those provisions.*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

Please return this form to:

Arbitration Administrator  
Marin County Superior Court  
P.O. Box 4988  
San Rafael, CA 94913-4988