

**APPLICATION FOR APPOINTMENT TO
BANKRUPTCY MEDIATION PROGRAM PANEL**

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

MANDATORY APPLICATION REQUIREMENTS:

(1) This application requires certification that the applicant has read Third Amended General Order No. 95-01 and meets the qualifications contained in the Order for appointment to the Program's panel of mediators. Third Amended General Order No. 95-01 is available online at www.cacb.uscourts.gov or from the Bankruptcy Court Clerk Offices in Los Angeles, San Fernando Valley, Santa Ana, Riverside and Santa Barbara.

(2) This applications requires certification that the applicant has completed at least 30 hours of mediation (not arbitration) training prior to applying for panel membership.

(3) This application must be accompanied by the attached biographical information form. A sample completed version is attached for your reference. The information in the biographical form will be made available to the public. Resumes and legal directory excerpts will not be accepted in lieu of this form.

(4) If additional space is needed to respond fully to any item on this application, the response(s) must be set forth on a separate page. Each separate page must be signed and attached to this application.

(5) Mail the original and one (1) copy of the completed application and completed biographical form to:

Judge Barry Russell
Mediation Program Administrator
United States Bankruptcy Court
255 East Temple Street, Suite 1660
Los Angeles, California 90012

I. ALL APPLICANTS

Name: _____

Firm: _____

Office Address: _____
Street City State Zip Code

Office Phone: _____ Office Fax: _____

E:mail: _____ Website: _____

II. ATTORNEY APPLICANTS

1. Dates of Admission:

California Bar: _____ State Bar No. _____

Central District of California: _____

Other Bars: _____

2. List three bankruptcy cases in which you have served as the principal attorney of record (without regard to the party represented) from commencement to conclusion, or to the date of this application, whichever is earlier.

<u>Case Title</u>	<u>Case Number</u>	<u>Dates</u>	<u>Representation</u>
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a.

b.

c.

3. List three adversary proceedings or contested matters in which you have served as attorney of record for a party-in-interest from commencement through conclusion (i.e., judgment, order or stipulation), or to the date of this application, whichever is earlier.

<u>Case Title</u>	<u>Case Number</u>	<u>Dates</u>	<u>Representation</u>
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a.

b.

c.

4. List three matters in which you have resolved disputed issues in a mediation or other alternative dispute resolution format.

<u>Case Title</u>	<u>Case Number</u>	<u>Dates</u>	<u>Representation</u>
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a.

b.

c.

III. NON-ATTORNEY APPLICANTS

1. List three matters in which you have resolved disputed issues in a mediation or other alternative dispute resolution format.

<u>Matter Description</u>	<u>Dates</u>	<u>Capacity Description</u>
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a.

b.

c.

IV. ALL APPLICANTS

1. List any professional licenses you hold (other than bar admission), and include dates of admission in each profession.

2. List any professional organizations of which you are an active member, the length of your membership, and any positions held.

3. List any state or federal mediation or other ADR training that you have completed which has been qualified as continuing professional education credit or which has been approved by a court of competent jurisdiction. **[NOTE: IT IS MANDATORY THAT ALL APPLICANTS CERTIFY HAVING COMPLETED AT LEAST 30 HOURS OF MEDIATION (NOT ARBITRATION) TRAINING PRIOR TO APPLYING FOR PANEL MEMBERSHIP.]**

4. Have you been removed from any professional organization, or have you resigned from any professional organization while an investigation into allegations of professional misconduct was pending?
Yes ___ No ___

If so, please explain the circumstances of such removal or resignation: _____

5. Check the county(ies) in which you are willing and available to conduct mediation conferences:

- | | |
|---|--|
| <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Orange | <input type="checkbox"/> Santa Barbara |
| <input type="checkbox"/> San Bernardino | <input type="checkbox"/> San Luis Obispo |
| <input type="checkbox"/> Riverside | |

6. Specify any area(s) within the above county(ies) in which you are **not** willing and/or available to conduct mediation conferences:

V. CERTIFICATION

I hereby certify that I have read Third Amended General Order No. 95-01 entitled "In re Adoption of Mediation Program for Bankruptcy Cases and Adversary Proceedings" and that I meet the qualifications for membership to the Bankruptcy Mediation Program Panel.

If I am applying for appointment as an attorney mediator, I certify that I am a member in good standing of the state and federal bar(s) listed above.

If I am applying for appointment as a non-attorney mediator, I certify that I am a member in good standing of my profession.

CERTIFICATION (cont.)

I consent to disclosure of the information contained in this Application to Bankruptcy Court personnel and to the parties and their representatives whose matters have been referred to the Bankruptcy Mediation Program.

I declare under penalty of perjury that the information contained in this Application is true and correct.

DATED: _____

(Signature of Applicant)

BANKRUPTCY MEDIATION PROGRAM

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA**

PANEL MEMBER INFORMATION FORM

Name: _____

Firm Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

1. **Occupation:**

2. **Education:** [List Institution(s), Degree(s), and Date(s)]

3. **Mediation Training:** [Number of hours & Name of Trainer]

4. **ADR Organization Memberships:** [e.g., Southern California Mediation Assn., American Arbitration Assn., etc.]

5. **Description of Your Mediation Process/Approach:** [e.g., Caucus/No Caucus; Directive/Collaborative; Evaluative/Facilitative; etc.]

6. **Foreign Language(s) Spoken:**

BANKRUPTCY MEDIATION PROGRAM
UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

SAMPLE

PANEL MEMBER INFORMATION FORM
(PLEASE KEEP YOUR ANSWERS BRIEF!)

Name: Jane M. Doe, Esq.

Firm Name: Smith, Smith & Doe

Address: 1234 Main Street, Suite 102, Los Angeles, CA 90012

Phone: (213) 999-1111

Fax: (213) 999-2222

1. Occupation:

Attorney (Bankruptcy)

2. Education: [List Institution(s), Degree(s), and Date(s)]

B.A., XXX University, 1974
J.D., YYY Law School, 1984

3. Mediation Training: [Number of hours & Name of Trainer]

Straus Institute for Dispute Resolution of the Pepperdine University School of Law, 30 hours, 1995

4. ADR Organization Memberships: [e.g., Southern California Mediation Association (SCMA), American Arbitration Association (AAA), etc.]

None

5. Description of Your Mediation Process/Approach: [e.g., Caucus/No Caucus; Directive/Collaborative; Evaluative/Facilitative; etc.]

"I prefer a caucus type of program which is collaborative rather than evaluative. Parties in this process need to understand and commit to the non-litigated resolution of their differences, which may take substantial discussion."

6. Foreign Language(s) Spoken:

None