

# Application to Serve as Probate Mediator

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## SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE

Please return completed Application to:

Superior Court of California, County of Orange  
3390 Harbor Blvd.  
Costa Mesa, 92626-1554

### 1. Contact Information

Name: \_\_\_\_\_ California State Bar Number: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (*If Different*): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone  
Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

### 2. Areas of Experience and Facilities

I have subject matter experience in the following areas (check all that apply):

- Decedent's Estates     Trusts     Conservatorships (General or Limited)     Guardianships  
 Elder Abuse     Tax  
 Other: \_\_\_\_\_

I am fluent in the following language(s):

- Spanish     Vietnamese

Other: \_\_\_\_\_

I have a facility within Orange County where I can conduct mediation sessions.

**3. Education** Please provide the following information on your postsecondary education. Attach additional pages if necessary.

Dates (from – to)	University	Degree Obtained

**4. Legal Practice and Experience**

Have you been an active member of the California State Bar for the past ten years?  Yes  No

Are you actively practicing law at this time?  Yes  No If yes, number of years: \_\_\_\_\_

If you primarily represent either the plaintiff or the defendant, please indicate:

Plaintiff  Defendant

**Professional Licenses.** Please provide the following information for each professional license you have received. Attach additional pages if necessary.

State	License/Bar Number	Date Obtained	Status (active/inactive)
California			

**5. Disciplinary Actions and Criminal History**

I  have  have not been charge with, pleaded guilty or no contest to, or convicted of, a felony or misdemeanor.

If you have, please explain fully: \_\_\_\_\_

I  have  have not been suspended or subject to disciplinary action as a result of an investigation from any professional organization, public entity or mediation program.

If you have, please explain fully: \_\_\_\_\_

I  am  am not aware of any pending disciplinary action against me by any professional organization, public entity or mediation program.

If you are, please explain fully: \_\_\_\_\_



**NUMBER OF MEDIATION PROCEEDINGS COMPLETED.** Please provide the approximate number of proceedings completed as a mediator in each of the following categories:

	Conservatorships		Decedent's Estates		Elder Abuse
	Guardianships		Tax		Trusts

Have you served on a Court Mediation or Neutral Evaluation Panel in any other court(s)?

Yes  No If yes, please provide dates and locations: \_\_\_\_\_

Have you applied for the Superior Court of Orange County Temporary Judge program and been turned down?  Yes  No

**COURT ADR PANELS.** Attach additional pages if necessary.

Court ADR Panel Type	From (Month/Year)	To (Month/Year)

**AFFILIATION WITH OTHER DISPUTE RESOLUTION ORGANIZATIONS.**

Attach additional pages if necessary.

Name of Provider Organization	Nature of Affiliation	Number of Years

## 8. References

- a. List two or more attorneys who are familiar with your work and have appeared before you in a mediation:

NAME:	FIRM:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY OR PARTY):			
NAME:	FIRM:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY,OR PARTY):			

b. Provide an additional reference who is familiar with your mediation skills:

NAME:		FIRM:		
ADDRESS:		CITY:	STATE:	ZIP:
PHONE:	FAX:	EMAIL:		
RELATIONSHIP TO CASE (ATTORNEY, PARTY OR CO-MEDIATOR):				

## 9. Insurance

I  have or  will obtain and maintain insurance covering services as a mediator. If you have such insurance, attach a copy of the Certificate of Insurance to this application. If you do not currently have such insurance, you will be required to provide a copy of the required Certificate of Insurance prior to having any mediation cases referred to you.

## 10. Compensation

I am willing to accept a fee of \$300 for up to 2 hours of a mediation session.  Yes  No

My current hourly rate for mediation is: \_\_\_\_\_

## 11. Certification

- A copy of my resume is attached to this application.
- A copy of my fee deposit policy is attached to this application.
- I am a member in good standing of the State Bar of California. (initial) \_\_\_\_\_
- I have read and will comply with the Court's Probate Mediation Program Guidelines and all local rules regarding probate mediation. (initial) \_\_\_\_\_

I hereby accept my appointment to the Probate Mediation Panel for the Superior Court, State of California, County of Orange. I agree to serve and to abide by all the applicable statutes, court rules, local rules and program guidelines. I will use my best effort to discover and disclose to the parties any conflict of interest or potential conflict I may possess. I understand that I have an ongoing duty to disclose any changes to my responses in Section 5.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_