

**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA**

Application for Mediators

Please complete the entire application, using additional paper if necessary. You may also attach a resume.

Name: _____

Firm or Office Name: _____

Office Address:

Office Phone: _____ Office Fax: _____

E-mail Address: _____

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: _____ I.D. No.: _____

Date admitted to the South Carolina Bar: _____ Bar No.: _____

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.):

Membership and positions held in bar, ADR and professional associations:

Are you a member in good standing in each jurisdiction where admitted to practice law? _____ yes _____ no

Have you, within the last five years, been publicly reprimanded or publicly disciplined for professional conduct?
_____ yes _____ no

Have you, within the last five years, been denied admission to a bar for character or ethical reasons, or been
disbarred/suspended from the practice of law? _____ yes _____ no

EDUCATION

Year law degree received _____ Law School _____

Other professional degrees received (including year and school):

LEGAL EXPERIENCE (A minimum of five years of law practice required)

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:

Percentage of practice in last 5 years representing plaintiff _____% or defense _____%

Percentage of Federal or State court practice in last 5 years: Federal _____% State _____%

Number of years engaged in active litigation: _____

SUBSTANTIVE EXPERIENCE

Indicate all substantive areas in which you have experience. Place a "1" by your strongest area(s) and a "2" by all other areas in which you have experience. (Do not rank beyond "1" and "2.") After any category you have marked, please identify any sub-areas of experience you have (e.g. "medical malpractice" after Personal Injury).

- | | |
|-----------------------------|--------------------------------------|
| _____ Admiralty | _____ Security or Shareholders suits |
| _____ Antitrust | _____ Labor |
| _____ Contracts | _____ ERISA |
| _____ Environment | _____ Wrongful Termination |
| _____ Fraud or Civil RICO | _____ Civil Rights in Employment |
| _____ Insurance | _____ Other Civil Rights |
| _____ Miller Act | _____ Copyrights |
| _____ Personal Injury | _____ Patent |
| _____ Product Liability | _____ Trademark |
| _____ Other (specify) _____ | |

Publications: _____

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above): _____

Other courts or organizations for whom you serve as a mediator (please note any certifications): _____

Number of mediations conducted: _____ Number of other ADR sessions conducted: _____

MEDIATION AND OTHER ADR TRAINING

<u>Course Provider</u>	<u>Course Content</u>	<u>Date</u>	<u>Place</u>	<u>No. of Hours</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INFORMATION

Are you familiar with the statutes, rules and practice governing alternative dispute resolution in the District of South Carolina? ____yes ____no

Other relevant experience or skills or other information you would like considered in connection with this application:

Cities in which you are available to conduct mediation:

____Columbia ____Charleston ____Greenville ____Florence

Other _____

Fees charged:

Hourly Rate: \$_____ Minimum charge each mediation:\$ _____

How do you bill for travel? (explain): _____

I agree to: (1) Be subject to the Rules of Professional Conduct, Rule 407, South Carolina Appellate Court Rules; the Rules for Lawyer Disciplinary Enforcement, Rule 413, South Carolina Appellate Court Rules; and the Local Rules of the District Court; (2) Provide mediation to indigents without pay if ordered by the Court; (3) Notify the Alternative Dispute Resolution Program Director of any change in the above facts or otherwise in my ability to perform duties as a mediator; (4) Disclosure of information contained in this application to litigants and other members of the public.

I certify that the foregoing is true and correct.

Signature: _____ Date: _____
Applicant

Return completed application to:
Billie Goodman, Coordinator
Alternative Dispute Resolution Program
United States District Court
901 Richland Street
Columbia, SC 29201

Reviewed: _____ Date: _____
ADR Program

Approved: _____ Date: _____
U.S. District Judge