

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH CAROLINA

CERTIFIED MEDIATOR INFORMATION UPDATE FORM

Name: Karolan Ohanesian  
Firm or Office Name: Ohanesian Law Firm  
Office Address: PO Box 2433 Myrtle Beach SC 29578  
Office Phone: (843) 626-7193 Office Fax: (843) 492-5164  
E-mail Address: ohanesianlawfirm@cs.com

Cities in which you are available to conduct mediation:

Columbia: \_\_\_\_\_ Charleston: X Greenville: \_\_\_\_\_ Florence: X

Other: Myrtle Beach, Conway, Georgetown, Marion (Pee Dee region)

Fees charged: See below

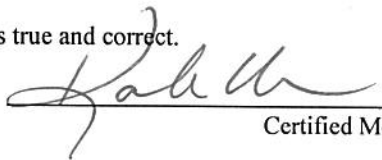
Hourly Rate: \$ 250 Minimum charge each mediation: \$ No minimum

How do you bill for travel? (explain): Mileage at IRS rate

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 Coordinator 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 form to litigants and other members of the public.

I certify that the foregoing is true and correct.

Signature



Certified Mediator

Date:

3/20/2020

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

Email: [Billie\\_goodman@scd.uscourts.gov](mailto:Billie_goodman@scd.uscourts.gov)  
Facsimile: (803) 253-3591

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: Karolan F. Ohanesian

Firm or Office Name: Furr and Henshaw

Office Address: 1900 Oak Street, P.O. Box 2909  
Myrtle Beach, SC 29578

Office Phone: 843-626-7621 Office Fax: 843-448-6445

**ADMISSIONS AND AFFILIATIONS**

Date admitted to the Bar of the District of South Carolina: 3/94 I.D. No.: 6056

Date admitted to the South Carolina Bar: 11/93 Bar No.: 066513

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

Membership and positions held in bar, ADR and professional associations: Horry County Bar Association  
(secretary), American Bar Association, SC Bar, SCLTA, ATLA, Chicora ADR  
Council (Secretary), Chancellor of the Episcopal Church of the Resurrection  
Are you a member in good standing in each jurisdiction where admitted to practice law?  yes  no

Are you currently the subject of any pending disciplinary proceeding in any jurisdiction?  yes  no

Have you, within the last 5 years, been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct?  yes  no

**EDUCATION**

Year law degree received 1993 Law School University of South Carolina

Other professional degrees received (including year and school) Bachelor of Arts Degree 7/23/88  
University of South Carolina

**LEGAL EXPERIENCE** (A minimum of 5 years of law practice required)

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:  
Admitted to practice in November of 1993. Practice centers on Personal  
Injury and Medical Malpractice. Handled over 185 cases. Admitted to  
Practice law in South Carolina; U.S. District Court, District of South  
Carolina; U.S. Court of Appeals, Fourth Circuit; U.S. Court of Federal  
Claims, and U.S. Supreme Court.

Percentage of practice in last 5 years representing plaintiff 100 or defense 0 %

Percentage of Federal or State court practice in last 5 years: Federal 10 % State 90 %

Number of years engaged in active litigation: 6 years

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**EXPERTISE**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Admiralty  | <input type="checkbox"/> Security or Shareholders suits |
| <input type="checkbox"/> Antitrust  | <input type="checkbox"/> Labor                          |
| <input type="checkbox"/> Contracts  | <input type="checkbox"/> ERISA                          |
| <input type="checkbox"/> Environment  | <input type="checkbox"/> Wrongful Termination           |
| <input type="checkbox"/> Fraud or Civil RICO                                      | <input type="checkbox"/> Civil Rights in Employment     |
| <input type="checkbox"/> Insurance  | <input type="checkbox"/> Other Civil Rights             |
| <input type="checkbox"/> Miller Act   | <input type="checkbox"/> Copyrights                     |
| <input checked="" type="checkbox"/> <u>1</u> Personal Injury -Medical Malpractice | <input type="checkbox"/> Patent                         |
| <input checked="" type="checkbox"/> <u>2</u> Product Liability                    | <input type="checkbox"/> Trademark                      |
| <input type="checkbox"/> Other (specify) _____                                    |   |

Publications: Co-Author, South Carolina Jurisprudence: Medical and Health Professionals, 1996.

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**MEDIATION EXPERIENCE**

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

Participated in 6 mediations that resulted in settlement

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Other courts or organizations for whom you serve as a mediator: \_\_\_\_\_

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Number of mediations conducted: 0

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**MEDIATION TRAINING**

Course	Course			No.	of
<u>Provider</u>	<u>Content</u>	<u>Date</u>	<u>Place</u>	<u>Hours</u>	
SCCR	Circuit Ct. Mediation	Sept. 9-13	Charleston	40	hrs

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**OTHER INFORMATION**

Are you familiar with the statutes, rules and practice governing mediation conferences in the District of South Carolina?  
X yes \_\_\_ no

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

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

Cities in which you are available to conduct mediation:

\_\_\_ Columbia      X Charleston      \_\_\_ Greenville      X Florence

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

Fees charged:

Hourly Rate: \$ 150.00 Minimum charge each mediation: \$ 2 hour minimum

How do you bill for travel? (explain): Mileage and 1/2 hourly rate

I agree to: (1) Be subject to the Rules of Professional Conduct, Rule 407, South Carolina Appellate Court Rules; to the Rules on Disciplinary Procedure, 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 Clerk of Court 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: [Handwritten Signature] Date: 12/15/99  
Applicant

Return completed application to:  
U.S. District Court  
Mediation  
1845 Assembly Street  
Columbia, SC 29201-2431

Approved: [Handwritten Signature] Date: 2/17/2000  
U.S. District Judge