

UNITED STATES DISTRICT COURT  
DISTRICT OF SOUTH CAROLINA

CERTIFIED MEDIATOR INFORMATION UPDATE FORM

Name: J. Hagood Tighe  
Firm or Office Name: Fisher Phillips  
Office Address: Post Office Box 11612, Columbia, SC 29211  
Office Phone: (803) 255-0000 Office Fax: (803) 255-0202  
E-mail Address: htighe@fisherphillips.com

Cities in which you are available to conduct mediation:

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

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

Fees charged: \_\_\_\_\_

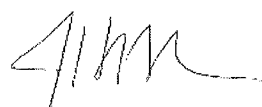
Hourly Rate: \$ 525 Minimum charge each mediation: \$ 1,500

How do you bill for travel? (explain): \$262.50 (1/2 of my hourly 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: 04-29-20

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: J. Hagood Tighe

Firm or Office Name: Fisher & Phillips LLP

Office Address: Post Office Box 11612, Columbia, SC 29211

Office Phone: (803) 255-0000 Office Fax: (803) 255-0202

email address: htighe@laborlawyers.com

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1995 I.D. No.: 6506

Date admitted to the South Carolina Bar: 1995 Bar No.: 9513

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): NC 22355 (admitted 1995)

Membership and positions held in bar, ADR and professional associations: Chair-Elect for the SC Bar Labor & Employment Section; SC Bar Conventions Committee

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 1995 Law School University of South Carolina

Other professional degrees received (including year and school) \_\_\_\_\_

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:

**Employment and labor litigation.**

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

Percentage of Federal or State court practice in last 5 years: Federal 80 % State 20 %

Number of years engaged in active litigation: 12

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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 checked="" type="checkbox"/> Labor
<input checked="" type="checkbox"/> 2 Contracts	<input checked="" type="checkbox"/> 1 ERISA
<input type="checkbox"/> Environment	<input checked="" type="checkbox"/> 1 Wrongful Termination
<input type="checkbox"/> Fraud or Civil RICO	<input checked="" type="checkbox"/> 1 Civil Rights in Employment
<input type="checkbox"/> Insurance	<input type="checkbox"/> Other Civil Rights
<input type="checkbox"/> Miller Act	<input type="checkbox"/> Copyrights
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Patent
<input type="checkbox"/> Product Liability	<input type="checkbox"/> Trademark
<input type="checkbox"/> Other (specify) _____	

Publications: \_\_\_\_\_

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### MEDIATION EXPERIENCE

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

I have participated in many mediations, but not as the mediator

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: \_\_\_\_\_

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### MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
SC Bar	Civil Court Mediation Certification Training	08/16-20/2007	Columbia, SC	40

**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 \_\_\_\_\_

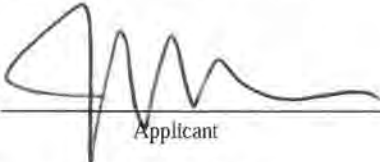
Fees charged:

Hourly Rate: \$ 295.00      Minimum charge each mediation: \$ 750.00

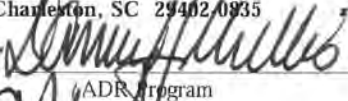
How do you bill for travel? (explain): **By the hour, plus mileage.**


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: 10/26/07  
Applicant

Return completed application to:  
**Danny H. Mullis, Director**  
**Alternative Dispute Resolution Program**  
**United States District Court**  
Post Office Box 835  
Charleston, SC 29402-0835

Reviewed:  Date: 10/31/07  
ADR Program

Approved:  Date: 11/1/07  
U.S. District Judge