

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA

CERTIFIED MEDIATOR INFORMATION UPDATE FORM

Name: Howard W. Pat Paschal, Jr
Firm or Office Name: H. W. Pat Paschal
Office Address: 644 east Washington ST
Office Phone: 864-282-1976 Office Fax: 864-282-1971
E-mail Address: hwp@ppalaw.com

Cities in which you are available to conduct mediation:

Columbia: _____ Charleston: _____ Greenville: X Florence: X

Other: Anderson, Pickens, Oconee, Laurens and Spartanburg

Fees charged: prep, travel and attendance

Hourly Rate: \$ 300 Minimum charge each mediation: \$ no minimum

How do you bill for travel? (explain): 100/hr

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: 3/20/20

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
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: Howard W. Pat Paschal

Firm or Office Name: _____

Office Address: 25 Ben St, Greenville, SC 29601

Office Phone: 864-282-1976 Office Fax: 864-282-1971

E-mail Address: hwp@ppalaw.com

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1981 I.D. No.: 2994

Date admitted to the South Carolina Bar: 1979 Bar No.: 4350

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 1979 Law School Wake Forest

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:

Trial attorney since 1979. From 1979 to 1981, I was an assistant Public Defender for Greenville County. I have been in private practice with emphasis on litigation since 1981. My criminal practice included eight death penalty trials or postconviction relief application trials. Since then I have been involved in over twenty jury trials representing Plaintiffs and in addition over 14 eminent domain condemnation cases that went to a full jury trial. In last ten years, has been involved in over 15 full jury trials in medical malpractice defense.

Percentage of practice in last 5 years representing plaintiff 5 % or defense 95 %

Percentage of Federal or State court practice in last 5 years: Federal _____ % State 100 %

Number of years engaged in active litigation: 38

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).

<input type="checkbox"/> Admiralty	<input type="checkbox"/> Security or Shareholders suits
<input type="checkbox"/> Antitrust	<input type="checkbox"/> Labor
<u>2</u> <input checked="" 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 checked="" type="checkbox"/> Insurance	<input type="checkbox"/> Other Civil Rights
<input type="checkbox"/> Miller Act	<input type="checkbox"/> Copyrights
<input checked="" type="checkbox"/> Personal Injury	<input type="checkbox"/> Patent
<input checked="" type="checkbox"/> Product Liability	<input type="checkbox"/> Trademark
<input type="checkbox"/> Other (specify) _____	

Publications: _____

MEDIATION EXPERIENCE

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

Been involved as a party in over 25 mediations in medical malpractice in last 10 years

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>
SC Bar	Circuit Court Mediation Certification	9/7/2012	Columbia	40.00
SC Bar	Family Court Mediation Certification	3/28/2107	Greenville	40.00

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 I am available anywhere in SC.

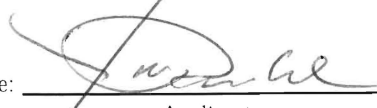
Fees charged:

Hourly Rate: \$ 150.00 Minimum charge each mediation: \$ _____

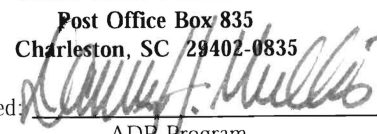
How do you bill for travel? (explain): by hourly rate.

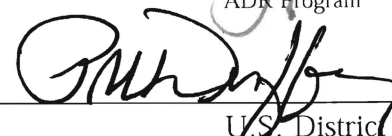
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I certify that the foregoing is true and correct.

Signature:  Date: 6/1/17
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: 6/6/17
ADR Program

Approved:  Date: 6/6/17
U.S. District Judge