MARIN COUNTY SUPERIOR COURT

Arbitration Administrator

3501 Civic Center Drive, Room 113 P.O. Box 4988 San Rafael, CA 94913-4988



Application to Serve as Judicial Arbitrator

Name:		State B	State Bar No.:	
Business address:				
City:				
Mailing address (if different):				
E-mail:				
Telephone: Day:	Cell:	Fax:		
How many years have you been i	n active civil litigation practice a	s a member of the California S	State Bar?	
Are you currently in active practi	ce? Yes No			
Are you a retired judge? Yes	☐ No If so, date of retirem	nent:		
What percentage of your practice	has been representing plaintiffs?	% defendants?		
How many of the following have Jury trials:	you completed in the past five you Court trials:		_	
Check the boxes that describe you cases in each subject area:	ur experience, with percentages, a	and indicate whether you wou	ld be willing to hear	
Business (Commercial/Contract) Family Law Labor - Employment Legal Malpractice Other:	 %	Personal Injury	%	
· — —	No at your office? Yes	_		
How many times per year would	you be willing to serve as a judic	ial arbitrator?		
	DECLARATION A	ND OATH		
I declare under penalty of perjury Civil Procedure Sections 1141.1 duties under those provisions.				
DATE		ANT'S SIGNATURE		