

STATE OF CALIFORNIA  
COURT OF APPEAL, THIRD APPELLATE DISTRICT

APPELLATE MEDIATION PROGRAM—SACRAMENTO



MEDIATOR APPLICATION

*(Please attach your résumé and any additional pages required.)*

EXCEPT FOR PAGE 4, THE INFORMATION PROVIDED IN THIS APPLICATION IS NOT CONFIDENTIAL  
AND MAY BE DISCLOSED TO MEMBERS OF THE PUBLIC.

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Name: \_\_\_\_\_ State Bar No. \_\_\_\_\_

Firm Name (or Agency): \_\_\_\_\_

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Office Address (or P.O. Box), City or Town, County and Zip Code

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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1. List your education, including schools, degrees and the dates received.
  
2. Describe any mediation training you have received.<sup>1</sup> For each training, give the trainer's name, the dates attended and the total hours if available.
  
3. Identify the subject matter of five disputes for which you have been a mediator in the past five years, with the dates. *(Do not give the names of the parties.)* State whether you were a sole mediator or a co-mediator.
  - (a) \_\_\_\_\_  
\_\_\_\_\_
  - (b) \_\_\_\_\_  
\_\_\_\_\_
  - (c) \_\_\_\_\_  
\_\_\_\_\_
  - (d) \_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> Previous mediation training is **not** required.

(e)

4. List other court mediation panels of which you are a member.

5. Identify any other significant mediation experience you have had.<sup>2</sup>

6. Check your areas of practice:

<input type="radio"/> Attorney Fees	<input type="radio"/> Family Law	<input type="radio"/> Personal Injury
<input type="radio"/> Banking/Foreclosure	<input type="radio"/> Government Entity	<input type="radio"/> Probate
<input type="radio"/> Business	<input type="radio"/> Housing	<input type="radio"/> Professional Negligence
<input type="radio"/> Civil Rights	<input type="radio"/> Insurance	<input type="radio"/> Public Entity
<input type="radio"/> Contract	<input type="radio"/> Intellectual Property	<input type="radio"/> Real Estate
<input type="radio"/> Construction	<input type="radio"/> Labor	<input type="radio"/> Securities
<input type="radio"/> Defamation	<input type="radio"/> Landlord/Tenant	<input type="radio"/> Appellate
<input type="radio"/> Eminent Domain	<input type="radio"/> Medical Malpractice	<input type="radio"/> Other:
<input type="radio"/> Employment	<input type="radio"/> Partnership	

7. How many years have you been in active practice? \_\_\_\_ If none, please explain.

8. What is or was the nature of your practice?

9. Are you certified in any specialty? If so, please list.

10. What percentage of your practice has been representing:

Plaintiffs: \_\_\_\_% Defendants: \_\_\_\_%

11. Approximately how many of the following have you completed in the past five years?

Jury trials: \_\_ Court trials: \_\_ Arbitrations: \_\_ Appeals: \_\_ Administrative Proceedings: \_\_

12. Describe your appellate experience.

<sup>2</sup> No prior mediation experience is required.

13. Is your mediation style facilitative or evaluative/directive?
14. List any languages, other than English, in which you can conduct a mediation.
15. If the parties and you agreed to continue the mediation beyond four hours, what hourly rate would you charge? Would you consider continuing pro bono? If so, please explain.
16. State any other information that should be considered in respect to your application.

*Please read and sign the following agreement:*

- A. In consideration of the free appellate mediation training to be provided by the Court of Appeal (the Court), I agree to accept up to four (4) mediation referrals.<sup>3</sup>
- B. With respect to each mediation that I conduct, I agree to provide up to four (4) hours of mediation with the parties free of charge. In the event that the parties agree to have me mediate their dispute beyond four hours, the parties may do so by agreeing to pay me for my services at my ordinary hourly rate stated above. I acknowledge that in no circumstances shall the Court be responsible for paying me any fees, by way of direct payment, guarantee or otherwise. Rather, in the event that I provide services in addition to the four hours of free services, the parties shall be solely responsible for my fees.
- C. I agree to be bound by the Court's mediation rules and procedures.
- D. I agree to waive any and all claims against the Court arising out of my mediation of any Court-referred dispute. I acknowledge that I am an independent contractor and that I serve as a mediator at the will of the Court. The Court may terminate my services as mediator at any time for any reason.
- E. I agree to adhere to the Alternative Dispute Resolution Rules for Civil Cases as set forth in the California Rules of Court.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)

**MAIL OR FAX THIS APPLICATION WITH YOUR RÉSUMÉ AND ANY OTHER ATTACHMENTS TO:**

Rene Ackerman, Administrator to the Mediation Program  
COURT OF APPEAL, THIRD APPELLATE DISTRICT  
2890 Gateway Oaks Drive, Suite 210  
Sacramento, California 95833

TEL: (916) 643-7084  
FAX: (916) 641-6527

EMAIL: [rene.ackerman@jud.ca.gov](mailto:rene.ackerman@jud.ca.gov)

**THE APPLICATION SUBMISSION DEADLINE IS February 27, 2026.**

On March 5, 2025, the deadline for submitting an application was extended to **March 20, 2026**

<sup>3</sup> The mediation training will take place in Sacramento during the last quarter of the fiscal year (April, May, June 2026) with the final dates to be announced after the bidding and contracting process is completed.  
(a fillable version of this form is located online at: [http://www.courtinfo.ca.gov/courts/courtsofappeal/3rddistrict/documents/mediator\\_application.pdf](http://www.courtinfo.ca.gov/courts/courtsofappeal/3rddistrict/documents/mediator_application.pdf))

Name: \_\_\_\_\_ State Bar No. \_\_\_\_\_

### REFERENCES

List the names and telephone numbers of three persons familiar with your mediation (M) or appellate (A) skills, indicating which applies:

Name	Phone	M	A
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>