

**Neutral Arbitrator Application
Kaiser Permanente Arbitration System**

Answer each of the following questions completely. Type or clearly print your responses. Attach additional answer sheets as necessary. You may attach your resume, but please do not reference your resume in your answers unless a question specifically permits you to do so. Copies of your application will be provided to participants in Kaiser's arbitration system.

I. PROFILE

Name: _____

Title Preference: _____ Gender: _____

Business or Firm Name: _____

Business or Firm Address: _____

Business Telephone: _____ Business Fax: _____

Business E-mail Address: _____

II. ADMISSIONS AND AFFILIATIONS

Date admitted to the California Bar: _____ Bar No: _____

Active: ___ Inactive: ___ Date First Inactive (if judge, date of resignation): _____

Other state bars to which you are admitted (include states, dates of admission and bar numbers):

Memberships and positions held in bar, ADR professional or other panels, boards, agencies and associations relevant to arbitration, health care, or medical malpractice law:

Courts or organizations for which you serve as a neutral arbitrator (list court/organization and program):

III. LANGUAGES List any languages other than English which you speak and understand and in which you would be willing to conduct arbitrations:

IV. KAISER MEMBERSHIP

I ___ am/ ___ am not currently a member of Kaiser Foundation Health Plan.

I ___ have/ ___ have not been a member of Kaiser Foundation Health Plan within the last five years.

V. **EDUCATION** (College and Graduate) List all schools attended, degrees and years received:

VI. **EMPLOYMENT** Summarize your employment experience since admission to the bar, particularly in the past ten years. (Provide employer and dates of employment.)

VII. **LEGAL EXPERIENCE** Summarize your legal experience (including teaching) since admission to the bar, particularly in the past ten years. _____

Percentage of practice in the last ten years representing: plaintiff _____ % defense _____ %

Percentage of federal or state court practice in the last ten years: federal _____ % state _____ %

Number of years in the last ten years in which litigation occupied more than 50% of your time: _____

I have had at least three civil trials or arbitrations within the past five years in which I have served as _____ the lead attorney for one of the parties or _____ an arbitrator.

VIII. **CURRENT PRACTICE** State the percentages of your current practice in the following roles: The total should equal 100%.

As a neutral arbitrator, judge, or hearing officer: _____ %

As a defense party arbitrator: _____ % As a plaintiff's party arbitrator: _____ %

As a defense attorney: _____ % As a plaintiff's attorney: _____ %

As an expert: _____ % As an _____ : _____ %
(list other role)

In descending order, list the subject areas of law in which you are currently most active. The total should equal 100%.

Area of Law	Percentage of Practice
a. _____	
b. _____	
c. _____	
d. _____	

IX. ARBITRATION EXPERIENCE Summarize your arbitration experience in the last ten years. Include your role or roles (e.g., neutral arbitrator, party arbitrator, hearing officer, plaintiff's counsel, defense counsel, expert, etc.), number of years in each role, approximate number of cases in which you have participated in each role, and whether you are currently serving in any of these roles. _____

Have your actions as an arbitrator figured in a published legal opinion? If so, please provide the citation. _____

X. ARBITRATION TRAINING Describe any arbitration training you have received. For each training, list the training provider's name, length of training, dates of training, and a brief description of the training. You may reference a specific section of your resume that sets out your training related to arbitration. _____

XI. MEDICAL MALPRACTICE EXPERIENCE Have you been involved in any medical malpractice case within the past ten years? If so, set forth the years of your involvement, your role (e.g., plaintiff's counsel, defense counsel, neutral arbitrator, party arbitrator, hearing officer, expert, litigant, etc.), and the approximate number of cases in each role. _____

XII. OTHER RELEVANT EXPERIENCE Describe any other relevant experience. _____

XIII. PREVIOUS INVOLVEMENT IN KAISER CASES Set forth your involvement, if any, in any case involving Kaiser Permanente or any affiliated entity or individual within the past three years. For each case, identify your role (e.g., neutral arbitrator, plaintiff/claimant party arbitrator, defense party arbitrator, judge, hearing officer, plaintiff/claimant counsel, defense counsel, expert, litigant etc.), whether the case went to verdict and, if so, for which side the verdict was rendered (plaintiff or defense), and the amount of the award, if any.

To the best of your recollection, were you involved in any Kaiser case prior to five years ago? If so, to the best of your recollection, state your role or roles. State the approximate number of cases in which you were involved. Be as specific as your records or recollection will permit.

XIV. EXPEDITED HEARINGS Are you willing to act as a neutral arbitrator for expedited claims that must be completed within five months or less of the date you are appointed?

Yes _____ No _____

XV. PRO PER CASES Are you willing to act as a neutral arbitrator for cases in which one or both parties are not represented by counsel?

Yes _____ No _____

XVI. INSURANCE Do you carry insurance that covers your activities as a neutral arbitrator? Yes _____ No _____ If no, do you intend to obtain such insurance before working on arbitrations administered by the Office of the Independent Administrator?

Yes _____ No _____

XVII. CONVICTIONS, SANCTIONS AND DISCIPLINE Answer each question:

Have you ever been convicted of a crime? Yes _____ No _____

If so, attach an explanation.

Have you ever been sanctioned by a court for \$1,000 or more? Yes _____ No _____

If so, attach an explanation.

Have you ever been disciplined by any court, administrative agency, bar association, or other professional group? Yes _____ No _____

If so, attach an explanation.

XVIII. MOST RECENT CASES

I am providing contact information for participants in my recent work (check your role(s) and provide information as set forth below):

____ as an arbitrator. List the name, addresses, and telephone numbers of counsel for the plaintiff and the defense **in the last five** arbitrations or civil trials for which you served as a neutral arbitrator, judge or hearing officer. Provide a total of ten contacts.

____ as an attorney. List the name, addresses, and telephone numbers of opposing counsel and neutral arbitrators, judges, or hearing officers **for the last five** arbitrations or civil trials in which you participated. Provide a total of ten contacts.

____ as a _____. (Other - please describe.) List the names, addresses, and telephone numbers of counsel and/or arbitrators, judges, or hearing officers **in the last five** arbitrations or civil trials in which you participated. These contacts must reflect different sides in the arbitration or civil trials and must be able to provide a report of how you handled yourself in an arbitration or civil trial:

You may provide contacts for yourself in different roles (e.g., two contacts for your work as an arbitrator and three contacts for your work as an attorney).

Matter #1. My role _____
Contact's role _____ Contact's name, address and telephone number: _____
Contact's role _____ Contact's name, address and telephone number: _____

Matter #2. My role _____
Contact's role _____ Contact's name, address and telephone number: _____
Contact's role _____ Contact's name, address and telephone number: _____

Matter #3. My role _____
Contact's role _____ Contact's name, address and telephone number: _____
Contact's role _____ Contact's name, address and telephone number: _____

Matter #4. My role _____
Contact's role _____ Contact's name, address and telephone number: _____
Contact's role _____ Contact's name, address and telephone number: _____

Matter #5. My role _____
Contact's role _____ Contact's name, address and telephone number: _____
Contact's role _____ Contact's name, address and telephone number: _____

XIX. TRAVEL Complete the following. Check at least one.

I am applying to conduct arbitrations in Northern California.

Northern California including; Alameda, Contra Costa, Marin, San Francisco, San Mateo, Sonoma, Napa, Solano, Sacramento, Yolo, San Joaquin, Santa Clara, Stanislaus, Placer and Fresno counties.

I am applying to conduct arbitrations in Southern California.

Southern California including; Kern, Ventura, Los Angeles, Orange, San Bernardino, and Riverside counties.

I am applying to conduct arbitrations in San Diego.

San Diego including; San Diego County and Imperial County.

As a member of the panel, neutral arbitrators are required to travel within the region(s) you check above. Are you willing to travel anywhere within the region you checked above to hear arbitration cases?

Yes _____ No _____

XX. AFFIRMATION

My signature on this form affirms that the foregoing statements and all attached information are true and correct to the best of my knowledge. I understand that any misrepresentation, or any failure on my part to supply information requested by the Office of the Independent Administrator may constitute a basis for my disqualification or withdrawal of my name as an arbitrator for Kaiser Permanente matters. I understand that if I am selected as a member of the Office of the Independent Administrator's panel of neutral arbitrators, copies of this application and all information I attach to it will be available to claimants, their attorneys, Kaiser Permanente, its attorneys, the Office of the Independent Administrator, and Kaiser Permanente's Arbitration Oversight Board. I also understand that the Independent Administrator may attempt to verify any of the information contained in it. I consent to that process.

Signature

Date

SCHEDULE OF FEES AND COSTS

Copies of this form will be provided to the parties in the OIA system. You may attach additional information as necessary.

ARBITRATOR'S NAME _____

1. FEES FOR YOUR SERVICES

- a. Hourly fees: _____ per hour
- b. Daily fees: _____ per day

2. TRAVEL COSTS

I am willing to travel to the following counties **for free - - that is, without charging for travel time or travel expenses.** Check all that apply:

Northern California: Alameda County___ Contra Costa County___ Marin County___
San Francisco County___ San Mateo County___ Sonoma County___ Napa County___
Solano County___ Sacramento County___ Yolo County___ San Joaquin County___
Santa Clara County___ Stanislaus County___ Placer County___ Fresno County___

Southern California: Kern County___ Ventura County___ Los Angeles County___
Orange County___ San Bernardino County___ Riverside County___

San Diego: San Diego County ___ Imperial County ___

For the counties I have not checked above, I charge the following for travel time and expenses (hotel, mileage, meals, etc.):

3. POSTPONEMENT AND CANCELLATION COSTS

a. Do you charge for any postponed or canceled proceedings (conference, telephone call, meeting, hearing, etc.) during the course of an arbitration? Yes ___ No ___
If yes, what are the terms and charges? _____

b. Do you charge a cancellation fee if a case settles, or is withdrawn before the hearing date? Yes ___ No ___ If yes, describe the terms and charges. _____

c. Describe any requirements you have regarding the timing of payments (such as advance deposits, forfeiture provisions, etc.) _____

4. Can you provide space for any or all of the arbitration proceedings? Yes ___ No ___
If yes, set forth the location of the space and any applicable charges. _____

5. Set forth any other fees, terms or conditions you require in the event that you are selected to serve as a neutral arbitrator for an arbitration administered by the OIA. Attach a copy of any forms, stipulations or other agreements that you require the parties to sign in order for you to serve as a neutral arbitrator in any such matter. _____

6. My signature below affirms that this fee schedule and all attachments are true and correct. I understand that the fee schedule sent to the parties by the OIA will remain in effect for the entire time that their case is before me.

Signature

Date

Certificate of Veracity, Consent and Understanding

The information contained in my application, and any attachments thereto, is true and accurate. In addition, I consent to and understand the following:

1. If my application is accepted, I will become a member of the Neutral Arbitrator Panel organized and maintained by the Office of the Independent Administrator "OIA". I will not be an employee or agent of the OIA. The OIA may include my name on lists of neutral arbitrators from which claimants, their counsel, Kaiser Permanente, and its counsel may select neutral arbitrators.
2. My submission of an application for the Neutral Arbitrator Panel does not guarantee that I will be accepted on the Panel unless I meet the qualifications. The OIA has complete discretion to make additions, changes, and deletions to the composition of the Neutral Arbitrator Panel at any time.
3. Becoming a member of the Neutral Arbitrator Panel does not guarantee that I will be selected by the parties to serve as a neutral arbitrator. I am under no obligation to accept any selection..
4. The OIA will disclose the information contained in my application to parties and their counsel.
5. I will promptly notify the OIA if there is any material change in the information provided in my application. I will notify the OIA and parties in any existing arbitration of any change of address, telephone number, or fax number within five days.
6. I am responsible for billing and collecting fees and expenses directly from the parties in the arbitration. The OIA has no liability to me for billing or payment.
7. I may not change the fees I charge for arbitrations administered by the OIA until October, and then only if I submit a timely update of fees. I may not change the fees I charge for any given arbitration from the fee schedule in place when my name was proposed to the parties or I was jointly selected.
8. After the OIA has informed the parties that I will be the Neutral Arbitrator in their case, the parties have the right to disqualify me if they comply with applicable California statutes.

Print Name _____

Signature _____ Date _____

The Arbitration Oversight Board (AOB) and the OIA are interested in having a diverse pool. Thus, the AOB has requested that the OIA ask applicants to the panel of neutral arbitrators to identify their race or ethnic background for statistical purposes only.

A response to this question is optional, and your response will remain confidential.

Counsel, parties, and other participants in the arbitration system will not be provided with a copy of this page or the information provided on it.

Name _____

Please identify your race or ethnic background from the following options:

- White or Caucasian
- Black or African American
- Hispanic or Latino/a
- Asian or Pacific Islander: _____
- Native American
- Other: _____
- Decline to state