

NEW CONTACT INFO:

Perry D. Litchfield, Esq.

1000 - 4th Street, #875

San Rafael, CA 94901

T: (415)328-2000

F: (415)457-4949

Email: perry@sprintmail.com

**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: Perry D. Litchfield, Esq.

Title Preference: Mr.

Business or Firm Name: Resolution Remedies

Business or Firm Address: 1101 Fifth Avenue, Suite 230, San Rafael, CA

Business Telephone: 415-258-0900 Business Fax: 415-457-7843

Business E-mail Address: dianestory@resolutionremedies.com

II. ADMISSIONS AND AFFILIATIONS

Date admitted to the California Bar: 12-1-81 Bar No: 99906

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):
None

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

Courts or organizations for which you serve as a neutral arbitrator (list court/organization and program):
Resolution Remedies, Marin Superior and San Francisco Superior

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

Spanish, German, French

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:

J. D. University of San Francisco
B. A. Oxford, England

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

Self employed since 1982. Please see web site for Perry Litchfield for complete information.

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

Please see CV

Percentage of practice in the last ten years representing: plaintiff 50 % defense 50 %

Percentage of federal or state court practice in the last ten years: federal 10 % state 90 %

Number of years in the last ten years in which litigation occupied more than 50% of your time: 5

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 x an arbitrator.

VIII. CURRENT PRACTICE State the percentages of your current practice in the following roles:

As a neutral arbitrator, judge, or hearing officer: 35 %

As a defense party arbitrator: 5 % As a plaintiff's party arbitrator: 0 %

As a defense attorney: 10 % As a plaintiff's attorney: 15 %

As an expert: 10 % As an Mediator : 25 %
(list other role)

In descending order, list the subject areas of law in which you are currently most active.

Area of Law	Percentage of Practice
a. <u>See CV</u>	
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.

Neutral Arbitrator in approximately 50 cases in last 10 years (10 = Pl) (10 = Med Mal); 30 various areas of law. Plaintiffs counsel in approximately 15 arbitrations. Currently neutral arbitrator in Kaiser matter.

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

No.

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

Please see attached resume under Education/Training.

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.

6 Med Mal as neutral; 5 Med Mal as Judge Pro Tem; 8 Med Mal as Plaintiff Attorney; 2 Med Mal as Defense Attorney. All of above over past 10 years.

XII. OTHER RELEVANT EXPERIENCE Describe any other relevant experience.

See cv

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 five 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.

Neutral Arbitrator in one Kaiser case - Case is pending.

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.

None.

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. REFERENCES

I am providing references for my work (check your role(s) and provide references 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 Judge Pro Tem. (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 references 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 references for yourself in different roles (e.g., two references for your work as an arbitrator and three references for your work as an attorney).

Matter #1. My role Arbitrator

Reference's role Plaintiff Reference's name, address and telephone number:
Edwin Nevin, Jr., Esq., 22 Battery St. #333, San Francisco, CA 94111 (415) 392-5040

Reference's role Defense Reference's name, address and telephone number:
Mark O'Brien, Esq., Adams Kessler, 2566 Overland Ave., Los Angeles, CA 90064 310-945-0280

Matter #2. My role Attorney

Reference's role Plaintiff Reference's name, address and telephone number:
Perry Litchfield, Esq., 1000 Fourth St., #875, San Rafael, CA 94901 (415) 459-2000

Reference's role Defense Reference's name, address and telephone number:
Peter Mitchell, Jr., Esq., 1000 4th St. #570, San Rafael, CA 94901 415-453-0534

Matter #3. My role Attorney

Reference's role Plaintiff Reference's name, address and telephone number:
Matthew White, Esq., 1000 4th St., #600, San Rafael, CA 94901, 415-453-1010

Reference's role Defense Reference's name, address and telephone number:
Perry Lichfield, Esq., 1000 Fourth St., #875, San Rafael, CA 94901 415- 459-2000

Matter #4. My role Attorney

Reference's role Plaintiff Reference's name, address and telephone number:
Gary Ragghianti, Esq., 874 Fourth St., San Rafael, CA 94901 415-453-9433

Reference's role Defense Reference's name, address and telephone number:
Perry Lichfield, Esq., 1000 Fourth St., #875, San Rafael, CA 94901 415- 459-2000

Matter #5. My role Arbitrator

Reference's role Plaintiff Reference's name, address and telephone number:
David Feingold, Esq., 810 Fifth Avenue, San Rafael, CA 94901, (415) 454-1090

Reference's role Defense Reference's name, address and telephone number:
Debra Bogaards, Esq., 601 Montgomery St, #1210, San Francisco, CA 94111 415-979-0480

XIX. TRAVEL Complete the following. Check 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 and Imperial counties.

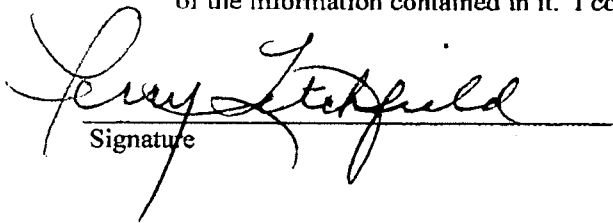
As a member of the panel, neutral arbitrators are required to travel within the region(s) you check above. Are you willing to travel anywhere within the region you checked above to hear arbitration cases?

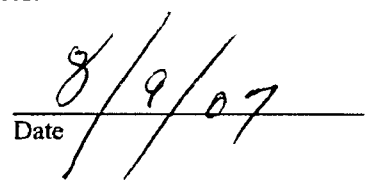
Yes No

See updated Schedule of Fees and Costs

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

**Annual Update
October 2015**

RECEIVED SEP 27 2015

Arbitrator's Name: Perry D. Litchfield

Since I submitted my application, or the Statement of Annual Update October 2013, I 1) have not been involved in any case involving Kaiser Permanente or any affiliated entity or individual, 2) have not participated in any arbitrations or civil trials, and 3) do not need to make any other changes or additions to my application. Review Sections IV - VII on page 4. Check box, then go directly to Section VIII, and sign and date.

I. Previous Involvement in Kaiser Cases. Set forth your involvement, if any, in any case involving Kaiser Permanente or any affiliated entity or individual, since you submitted your application or the Statement of Annual Update October 2013. For each case, identify your role, whether there was an award or verdict and, if so, for which side the award or verdict was rendered, and the amount of the award or verdict, if any.

No Kaiser cases.

II. References. Provide references for the most recent five arbitrations or civil trials in which you have participated since you submitted your application or Statement of Annual Update October 2013. If you have participated in less than five, provide as many references as you have. You may provide references for yourself in different roles (e.g., as a neutral arbitrator, as a mediator, and as an attorney).

Provide a total of ten contacts, including names, addresses, and telephone numbers. These references must reflect different sides in the arbitration or civil trial and must be able to provide a report of how you handled yourself in the arbitration or civil trial.

Matter #1

My role: Discovery Facilitator

Reference's role: Attorney for Plaintiff

Reference's name: Claudia Brisson

Reference's phone number: 415-524-8688

Reference's address: Law Offices

9 Linda Avenue

San Rafael, CA 94903

Reference's role: Attorney for Defendant

Reference's name: Colin Jewell

Reference's phone number: 650-871-9544

Reference's address: Law Offices

400 Oyster Point Boulevard, Suite 415

South San Francisco, CA 94080

Matter #2

My role: Discovery Facilitator

Reference's role: Attorney for Plaintiff

Reference's name: Joann Pheasant

Reference's phone number: 916-548-4844

Reference's address: Law Offices

372 Florin Road, Suite 179

Sacramento, CA 95831

Reference's role: Attorney for Defendant

Reference's name: William Murray

Reference's phone number: 925-284-9015

Reference's address: Belzer & Murray LLP

3650 Mt. Diablo Boulevard, Suite 130

Lafayette, CA 94549

Matter #3

My role: Discovery Facilitator

Reference's role: Attorney for Plaintiff

Reference's name: Brendan Way

Reference's phone number: 415-352-6264

Reference's address: Law Offices

536 Pacific Avenue

San Francisco, CA 94133

Reference's role: Attorney for Defendant

Reference's name: Michael Garvin

Reference's phone number: 408-288-9700

Reference's address: Law Offices

1033 Willow Street

San Jose, CA 95125

Matter #4

My role: _____

Reference's role: _____

Reference's role: _____

Reference's name: _____

Reference's name: _____

Reference's phone number: _____

Reference's phone number: _____

Reference's address: _____

Reference's address: _____

Matter #5

My role: _____

Reference's role: _____

Reference's role: _____

Reference's name: _____

Reference's name: _____

Reference's phone number: _____

Reference's phone number: _____

Reference's address: _____

Reference's address: _____

III. Medical Malpractice Experience. Have you been involved in any medical malpractice case since you submitted your application? If so, set forth your role (e.g., neutral arbitrator, plaintiff's counsel, defense counsel, party arbitrator, hearing officer, expert, litigant, etc.), and the approximate number of cases in each role.

Yes, as a Neutral Arbitrator in 2-5 cases.

IV. Current Practice. State the percentages of your current practice in the following roles:

As a neutral arbitrator, judge, or hearing officer: 100 %

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)

V. 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.

VI. Convictions, Sanctions and Discipline. Answer each question:

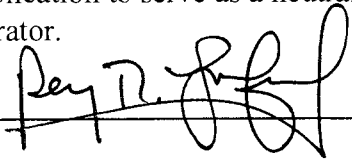
Have you been convicted of a crime? Yes No
If so, attach an explanation.

Have you been sanctioned by a court for \$1,000 or more? Yes No
If so, attach an explanation.

Have you been disciplined by any court, administrative agency, bar association, or other professional group? Yes No
If so, attach an explanation.

VII. Other Information. Please attach any other information necessary to update your application. If you attach an updated resume or profile, we will delete the earlier one.

VIII. Affirmation. My signature on this form provides the same affirmation of the information contained herein as the affirmation provided by my signature in Section XX of my application to serve as a neutral arbitrator with the Office of the Independent Administrator.

Signature 

Date 9/18/15

Email Address Perry@sprintmail.com

Annual Update
October 2017

Arbitrator's Name: Perry D. LITCHFIELD

Since I submitted my application, or the Statement of Annual Update October 2015, I
1) have not been involved in any case involving Kaiser Permanente or any affiliated
entity or individual, 2) have not participated in any arbitrations or civil trials, and 3) do
not need to make any other changes or additions to my application. Review Sections III -
VIII. Check box, then go directly to Section IX, and sign and date.

I. Previous Involvement in Kaiser Cases. Set forth your involvement, if any, in any case
involving Kaiser Permanente or any affiliated entity or individual, since you submitted
your application or the Statement of Annual Update October 2015. For each case,
identify your role, whether there was an award or verdict and, if so, for which side the
award or verdict was rendered, and the amount of the award or verdict, if any.

II. References. Provide references for the most recent five arbitrations or civil trials in
which you have participated since you submitted your application or Statement of Annual
Update October 2015. If you have participated in less than five, provide as many
references as you have. You may provide references for yourself in different roles (e.g.,
as a neutral arbitrator, as a mediator, and as an attorney). These references must reflect
different sides in the arbitration or civil trial and must be able to provide a report of how
you handled yourself in the arbitration or civil trial.

IV. Current Practice. State the percentages of your current practice in the following roles:

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) _____ : _____ %

V. Kaiser Membership.

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

VI. State Bar Admissions.

California Bar No: _____ Active: Inactive:

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

VII. Convictions, Sanctions and Discipline. Answer each question:

Have you been convicted of a crime? Yes No If so, attach an explanation.

Have you been sanctioned by a court for \$1,000 or more? Yes No
If so, attach an explanation.


Have you been disciplined by any court, administrative agency, bar association, or other professional group? Yes No If so, attach an explanation.

VIII. Other Information.

Please attach any other information necessary to update your application. If you attach an updated resume or profile, we will delete the earlier one.

IX. Affirmation.

My signature on this form provides the same affirmation of the information contained herein as the affirmation provided by my signature in Section XX of my application to serve as a neutral arbitrator with the Office of the Independent Administrator.

Signature 

Date 9-28-17

Annual Update
October 2019

Arbitrator's Name: PERRY D LITCHFIELD

Since I submitted my application, or the Statement of Annual Update October 2017, I
1) have not been involved in any case involving Kaiser Permanente or any affiliated
entity or individual and 2) have not participated in any arbitrations or civil trials. Check
box and complete Sections V - VIII, sign and date Section IX.

I. Previous Involvement in Kaiser Cases. Set forth your involvement, if any, in any case
involving Kaiser Permanente or any affiliated entity or individual, since you submitted
your application or the Statement of Annual Update October 2017. If you reported a
pending case in 2017 and it is no longer pending, please update the disposition. For each
case, identify your role, whether there was an award or verdict and, if so, for which side
the award or verdict was rendered, and the amount of the award or verdict, if any.
Please do not list claimants by name or provide their contact information.

none

II. Most Recent Cases. Provide contact information for the most recent five matters in
which you have participated since you submitted your application or Statement of Annual
Update October 2017. If you have participated in less than five, provide as many matters
as you have. You may provide contacts for yourself in different roles (e.g., as a neutral
arbitrator, as a mediator, and as an attorney). These contacts must be able to provide a
report of how you handled yourself in the matter. Please do not list claimants by name or
provide their contact information.

IV. Current Practice. State the percentages of your current practice in the following roles:

As a neutral arbitrator, judge, or hearing officer: 90 %

As a defense party arbitrator: 0 % As a plaintiff's party arbitrator: 0 %

As a defense attorney: 0 % As a plaintiff's attorney: 10 %

As an expert: 0 % As an (list other role) _____ : _____ %

V. Kaiser Membership.

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

VI. State Bar Admissions.

California Bar No: 99906 Active: Inactive:

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

VII. Convictions, Sanctions and Discipline. Answer each question:

Have you been convicted of a crime? Yes No If so, attach an explanation.

Have you been sanctioned by a court for \$1,000 or more? Yes No
If so, attach an explanation.

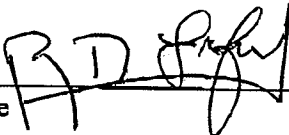
Have you been disciplined by any court, administrative agency, bar association, or other professional group? Yes No If so, attach an explanation.

VIII. Other Information.

Please attach any other information necessary to update your application. If you attach an updated resume or profile, we will remove the earlier one from your application packet.

IX. Affirmation.

My signature on this form provides the same affirmation of the information contained herein as the affirmation provided by my signature in Section XX of my application to serve as a neutral arbitrator with the Office of the Independent Administrator.

Signature 

Date 9-7-19

SCHEDULE OF FEES AND COSTS
October 2019

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

ARBITRATOR'S NAME Perry D. LITCHFIELD

1. FEES FOR YOUR SERVICES

- a. Hourly fees: \$450 per hour
- b. Daily fees: \$3000 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.):

Hotel, .52¢ Per mile ^{if driving} one half of Hourly Rate
in addition to above costs. If flying cost
of Airfare and one half of fee.

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? only charge is cancellation of arbitration the charge is \$3,000

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.

any cancellation results in \$13,000 charge

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

IF claimant is paying, a deposit of estimated time of arbitration. If raiser is paying net 30 days after billing

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.

1000 4th St. Ste 875 San Rafael, CA 94901
\$800 per day + \$400 Half day for use of space

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.

none other than form on file with OIA

6. 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. I also understand that I am required to travel within the geographical region(s) in which I serve. I affirm that this fee schedule and all attachments are true and correct.

Perry D. Litchfield
Signature

9-7-19
Date

PERRY D. LITCHFIELD ARBITRATION FEE POLICY

PLEASE READ THIS POLICY CAREFULLY

ADMINISTRATIVE FEE <i>(one time non-refundable)</i>	\$195.00 per party
CASE COORDINATION SERVICE*	\$100.00 per party, per hearing day
BASIC HOURLY RATES (4 hour minimum for arbitration hearing)	\$450⁰⁰ per hour (2 parties)
Travel Time:	One-half of the hourly rate

Please note that the number of parties will be determined by the Arbitrator based on the number of attorneys representing each side. Attorneys and their clients have jointly contracted with Perry D. Litchfield (the "Arbitrator"); however, the attorney shall be held primarily responsible for payment of all charges associated with the matter, unless otherwise agreed in advance.

* **The case coordination fee may include the following services and/or amenities:**

- Coordination and facilitation of Neutral selection
- Document processing, filing & storage
- State of the art conference facilities & administrative support
- Pre-Hearing Coordination
- Case management by industry professional
- Business center amenities such as Skype, WIFI, Projectors, DVD/TV's, etc.

ADVANCE DEPOSIT OF FEES AND COSTS

As soon as practicable after selection of the arbitrator, the Arbitrator shall determine a reasonable estimate of anticipated fees and costs of the Arbitrator, which may include pre-arbitration hearings, hearings on motion, telephone conference calls, preliminary reading and research, arbitration hearing, post arbitration motions and/or research and the preparation of the award, and render a statement to each party setting forth that party's pro rata share of said fees and costs. Thereafter, each party shall pay said sum to the Arbitrator within ten (10) days of receipt. In the event of an underestimation of the Arbitrator's fees and costs, a statement for additional fees and costs shall be rendered to the parties, which sum shall be paid to the Arbitrator within five (5) days of receipt. There will be a finance charge of 10% (per annum) each month on any balance over 30 days past due.

Any monies remaining on deposit after completion of the arbitration shall be returned to the appropriate party within ten (10) days after notification of the conclusion of the assignment.

RESCHEDULING: Should the case be rescheduled 14 days or more prior to the Arbitration Hearing date, \$195.00 will be charged to the party requesting the change and all fees shall be applied to the new date. If the case is rescheduled within 14 days of the Arbitration Hearing, all fees billed based on the parties' estimate of time, shall be non-refundable and remain due and payable. However, if the panel members' time is rebooked with another matter, a credit for the rebooked time shall be given, with the exception of a \$195.00 fee.

CANCELLATION: If the Arbitration Hearing is cancelled after being set for hearing, a cancellation fee equivalent to one (1) day (8 hours) shall remain due and payable, plus actual time spent by the panelist. If the Arbitration Hearing is cancelled within 14 days prior to the hearing, the cancellation fee shall be equal to the time reserved for the Arbitration Hearing, up to a maximum of three days, plus actual time spent by the panelist. However, if the panel member's time is rebooked with another matter, a credit for the rebooked time shall be given, with the exception of a \$195.00 fee.

**FEES BILLED FOR THE SCHEDULED ARBITRATION HEARING ARE DUE IN FULL PRIOR TO THE HEARING.
ANY ADDITIONAL FEES ARE DUE AND PAYABLE UPON RECEIPT OF THE BILL.**

ARBITRATION AGREEMENT

[CASE NAME]

Please sign and return this agreement to perry@sprintmail.com by [DUE DATE].

The parties and their attorneys have agreed to engage Perry D. Litchfield in the above referenced arbitration. Perry D. Litchfield is appointed as arbitrator under the rules of California Code of Civil Procedure Sections 1281 – 1284.

The arbitrator's time will be billed at his 2-party rate of \$450 per hour. Unless ordered otherwise by the Court or the arbitrator, each party will pay an equal share of the total cost of the arbitration. The parties and their attorneys understand that they are jointly and severally liable to Perry D. Litchfield for their share of the total cost of the services provided by the arbitrator, unless the Claimant has elected to have Kaiser pay all fees and costs.

The parties and their attorneys acknowledge that they have read and hereby agree to be bound by the terms and conditions of the attached ARBITRATION FEE POLICY.

This agreement may be signed in counterparts.

Name – PLEASE PRINT

Signature

Date

Attorney – PLEASE PRINT

Signature – Attorney

Date

Name – PLEASE PRINT

Signature

Date

Attorney – PLEASE PRINT

Signature – Attorney

Date

Office of the Independent Administrator

Acknowledgment of No Warranty

In accordance with Rule 49 of the *Rules for Kaiser Permanente Member Arbitrations Administered by the Office of the Independent Administrator*, the Parties were asked to complete the following anonymous evaluations of the Neutral Arbitrator who handled their case. We are providing you with copies of the responses we have received. We make no representation about or warranty with respect to, the accuracy, or completeness of any of the information furnished. The information is supplied to the Parties as a service and to allow the Parties to conduct their own inquiries.

Party or Attorney Evaluation of Neutral Arbitrator

000100

Instructions: In accordance with Rule 49 of the Rules for Kaiser Permanente Member Arbitrations Administered by the Office of Independent Administrator, we ask that you complete the enclosed anonymous evaluation. It will be placed in the folder of the neutral arbitrator who handled your case and copies of it will be sent to other parties who are considering using your neutral arbitrator in the future. We ask for comments where you have them and are glad to receive any that you have the time to offer. Please feel free to add sheets if you need additional space. A stamped, self-addressed envelope is included for your convenience. Please send your response to the address below in the enclosed self-addressed envelope. Thanks for your help.

Office of Independent Administrator
3580 Wilshire Boulevard, Suite 2020
Los Angeles, California 90010

I am the Claimant _____ OR

I am the attorney who represented _____ the Claimant OR [X] the Respondent

This claim was:

- Withdrawn
Settled
Dismissed by the Neutral Arbitrator
Decided by a Motion for Summary Judgment
Decided After a Hearing:
For Claimant
[X] For Respondent
Other - please specify:

Type of injury:

- Medical Malpractice
Benefits
Third Party Lien
Premises Liability
Other Tort
Other - please specify:

Neutral Arbitrator's Name: Perry D. Litchfield, Esq.

Chosen Jointly OR [X] Chosen through Strike and Rank Process

On the scale below, please rank your experiences with your Neutral Arbitrator. Please circle the number that applies. If the statement does not apply to your case, please circle the "N/A" which appears at the right-hand-side. We ask for your comments where you have time and inclination.

1. The neutral arbitrator was impartial and treated all parties fairly.

5 Agree 4 3 2 1 Disagree N/A

Please comment:

2. The neutral arbitrator treated all parties with respect.

5 Agree	4	3	2	1 Disagree	N/A
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Please comment: _____

3. The neutral arbitrator kept the case moving in a timely fashion.

5 Agree	4	3	2	1 Disagree	N/A
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Please comment: _____

4. The neutral arbitrator responded within a reasonable time to telephone calls or written communications.

5 Agree	4	3	2	1 Disagree	N/A
------------	---	---	---	---------------	-----

Please comment: _____

5. The neutral arbitrator explained procedures and decisions clearly.

5 Agree	4	3	2	1 Disagree	N/A
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Please comment: _____

6. The neutral arbitrator understood the applicable law governing my case.

5 Agree	4	3	2	1 Disagree	N/A
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Please comment: _____

7. The neutral arbitrator understood the facts of my case.

5 Agree 4 3 2 1 Disagree N/A

Please comment: _____

8. The neutral arbitrator served his/her decision within a reasonable time.

5 Agree 4 3 2 1 Disagree N/A

Please comment: _____

9. The fees billed by the neutral arbitrator were consistent with those described in his/her application materials which I received from the OIA at the beginning of case.

5 Agree 4 3 2 1 Disagree N/A

Please comment: _____

10. The fees charged by the neutral arbitrator were reasonable given the work performed.

5 Agree 4 3 2 1 Disagree N/A

Please comment: _____

11. I would recommend this arbitrator to another person or another lawyer with a case like mine.

5 Agree 4 3 2 1 Disagree N/A

Please comment: _____

Party or Attorney Evaluation of Neutral Arbitrator

005659

Instructions: In accordance with Rule 49 of the Rules for Kaiser Permanente Member Arbitrations Administered by the Office of Independent Administrator, we ask that you complete the enclosed anonymous evaluation. It will be placed in the folder of the neutral arbitrator who handled your case and copies of it will be sent to other parties who are considering using your neutral arbitrator in the future. We ask for comments where you have them and are glad to receive any that you have the time to offer. Please feel free to add sheets if you need additional space. A stamped, self-addressed envelope is included for your convenience. Please send your response to the address below in the enclosed self-addressed envelope. Thanks for your help.

Office of Independent Administrator
3580 Wilshire Boulevard, Suite 2020
Los Angeles, California 90010

I am the Claimant _____ OR

I am the attorney who represented [checked] the Claimant OR _____ the Respondent

This claim was:

- Withdrawn
[checked] Settled
Dismissed by the Neutral Arbitrator
Decided by a Motion for Summary Judgment
Decided After a Hearing:
For Claimant
For Respondent
Other - please specify:

Type of injury:

- [checked] Medical Malpractice
Benefits
Third Party Lien
Premises Liability
Other Tort
Other - please specify:

Neutral Arbitrator's Name: Perry D. Litchfield Esq.

[checked] Chosen Jointly OR _____ Chosen through Strike and Rank Process

On the scale below, please rank your experiences with your Neutral Arbitrator. Please circle the number that applies. If the statement does not apply to your case, please circle the "N/A" which appears at the right-hand side. We ask for your comments where you have time and inclination.

1. The neutral arbitrator was impartial and treated all parties fairly.

5 Agree 4 3 2 1 Disagree N/A

Please comment: _____

2. The neutral arbitrator treated all parties with respect.

5
Agree 4 3 2 1 N/A
Disagree

Please comment: _____

3. The neutral arbitrator kept the case moving in a timely fashion.

5
Agree 4 3 2 1 N/A
Disagree

Please comment: _____

4. The neutral arbitrator responded within a reasonable time to telephone calls or written communications.

5
Agree 4 3 2 1 N/A
Disagree

Please comment: _____

5. The neutral arbitrator explained procedures and decisions clearly.

5
Agree 4 3 2 1 N/A
Disagree

Please comment: _____

6. The neutral arbitrator understood the applicable law governing my case.

5
Agree 4 3 2 1 N/A
Disagree

Please comment: _____

7. The neutral arbitrator understood the facts of my case.

5 4 3 2 1 N/A
Agree Disagree

Please comment: Didn't get to detailed facts before settlement

8. The neutral arbitrator served his/her decision within a reasonable time.

5 4 3 2 1 N/A
Agree Disagree

Please comment: N/A

9. The fees billed by the neutral arbitrator were consistent with those described in his/her application materials which I received from the OIA at the beginning of case.

(5) 4 3 2 1 N/A
Agree Disagree

Please comment: _____

10. The fees charged by the neutral arbitrator were reasonable given the work performed.

(5) 4 3 2 1 N/A
Agree Disagree

Please comment: _____

11. I would recommend this arbitrator to another person or another lawyer with a case like mine.

(5) 4 3 2 1 N/A
Agree Disagree

Please comment: _____