



**Riverside County Bar Association**  
**DISPUTE RESOLUTION SERVICE, INC.**

(A Nonprofit Corporation)

Riverside County Bar Association Building  
4129 Main Street, Suite 100  
Riverside, California 92501

phone (951) 682-2132 • fax (951) 682-0106 • email drs@riversidecountybar.com

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**Geoffrey H. Hopper**  
*President*

Re: Dispute Resolution Service Panel Membership

**Christopher G. Jensen**  
*Vice President*

**Michelle Ouellette**  
*Chief Financial Officer*

**Michael B. Donner**  
*Secretary*

**David G. Moore**  
*Director-at-Large*

**Jay E. Orr**  
*Director-at-Large*

**Judith A. Runyon**  
*Director-at-Large*

Dear Counsel:

Thank you for your interest in becoming a panel member of the RCBA Dispute Resolution Service. In 1994, Riverside County Bar Association formed this nonprofit corporation for the purposes of providing mediation and arbitration services at reasonable rates for our community.

As you may or may not be aware, besides providing arbitration and mediation services directly to and for attorneys, insurance companies, and pro per litigants at the flat rate of \$150.00 per hour (split between the parties), Dispute Resolution Service ("DRS") also has a contract with the County of Riverside to provide mediation services through the court. Accordingly, the panel members are paid \$100 *per hour* for conducting "private" hearings directly through DRS, and \$150 *per case* for "court" mediations.

To be considered for panel membership on one or both of these programs, please specify as such on your application. (Applicant must be an active attorney member, or a retired judge, with the State Bar of California and be in good standing with the legal community.) Inasmuch as DRS is sponsored by the Riverside County Bar Association, DRS requires that panelists be members of the RCBA as well, and must have practiced for at least 10 years. (All applications are subject to approval by the DRS Board of Directors.)

Enclosed, please find the membership application. Should you have any questions, please do not hesitate to contact our office.

Thank you for your consideration.

Very truly yours,

**GEOFFREY H. HOPPER**  
President, RCBA Dispute Resolution Service

GHH:lcy  
Enclosures

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rev. 9/06



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## ARBITRATOR/MEDIATOR APPLICATION

*Check the program(s) you wish to participate in:*

- DRS Court Mediation  
 DRS Arbitration/Mediation

Print name: \_\_\_\_\_

Complete address (include suite and/or p.o. box):

\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

### A. Business or occupation:

1. I am  a retired judge  an active member of the State Bar of California.
2. Date admitted to State Bar of California: \_\_\_\_\_ State Bar # \_\_\_\_\_
3. Are you connected with a law firm?  Yes  No. If yes, please state firm name and indicate nature and duration of your relationship: \_\_\_\_\_  
\_\_\_\_\_
4. Please list all Bar Association memberships: \_\_\_\_\_  
\_\_\_\_\_
5. Please indicate the approximate number of Superior Court Civil/Family Law cases in which you have had principal responsibility: Personal Injury \_\_\_\_\_ Business \_\_\_\_\_  
Family Law \_\_\_\_\_ Other: \_\_\_\_\_
6. Please indicate the approximate number of Superior Court Civil/Family Law cases TRIED:  
Personal Injury \_\_\_\_\_ Business \_\_\_\_\_ Family Law \_\_\_\_\_  
Other \_\_\_\_\_
7. Please indicate the percentage of your experience as:  
Plaintiff's/Petitioner's Counsel \_\_\_\_\_% Defendant's/Respondent's Counsel \_\_\_\_\_%
8. Please indicate previous experience as arbitrator/mediator: \_\_\_\_\_  
\_\_\_\_\_

**B. Types of matters I would take:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bad Faith        | <input type="checkbox"/> Family Law                     | <input type="checkbox"/> Probate                  |
| <input type="checkbox"/> Bankruptcy       | <input type="checkbox"/> Insurance                      | <input type="checkbox"/> Products Liability       |
| <input type="checkbox"/> Business         | <input type="checkbox"/> Intellectual Property          | <input type="checkbox"/> Professional Malpractice |
| <input type="checkbox"/> Construction     | <input type="checkbox"/> Landlord/Tenant                | <input type="checkbox"/> Real Property            |
| <input type="checkbox"/> Contract         | <input type="checkbox"/> Lemon Law                      | <input type="checkbox"/> Tort Law                 |
| <input type="checkbox"/> Employment/Labor | <input type="checkbox"/> Medical Malpractice            | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Environmental    | <input type="checkbox"/> Personal Injury/Wrongful Death | _____   |

**C. If selected as an arbitrator/mediator, I would like my fees paid to:**

- Myself     My law firm     Public Service Law Corporation (*RCBA's free legal clinic*)

**D. Please attach a copy of your Curriculum Vitae.**

I have read and will abide by the RCBA Dispute Resolution Service Mediation/Arbitration Rules and Procedures. I understand and agree that all matters assigned to me through the Dispute Resolution Service (DRS), including mediations, arbitrations or Court Mediations, shall be conducted only in coordination with DRS and in accordance with its rules and procedures. Any continuing or future services that I perform in connection with any matter originally assigned to me through DRS shall be referred to and arranged through DRS. All payments for such continuing or future services shall be made by the parties to DRS, and I shall not solicit nor accept direct payment for services provided in connection with matters related to assignments through the Dispute Resolution Service.

I certify that the information provided on this application is true and correct.

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