

## OIA Neutral Arbitrator Application

Please type your responses and answer each of the following questions completely. You may attach your resume and/or additional answer sheets as necessary. Copies of your application will be provided to the parties in the OIA's arbitration system.

---

---

### I. PROFILE

Name: \_\_\_\_\_

Title Preference: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

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 or have equivalent experience 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%.

Neutral arbitrator, judge, or hearing officer: \_\_\_\_\_ %

Defense party arbitrator: \_\_\_\_\_ %

Plaintiff's party arbitrator: \_\_\_\_\_ %

Defense attorney: \_\_\_\_\_ %

Plaintiff's attorney: \_\_\_\_\_ %

Expert: \_\_\_\_\_ %

(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 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.

---

---

**X. 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.

---

---

**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., neutral arbitrator, plaintiff's counsel, defense counsel, 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 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 three 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 \_\_\_\_\_

---

---

**XVII. CONVICTIONS, SANCTIONS AND DISCIPLINE** Answer each question:

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach an explanation.

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

If yes, attach an explanation.

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

If yes, attach an explanation.

---

---

**XVIII. MOST RECENT CASES**

Provide contact information for participants in your most recent cases. 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.

\_\_\_\_\_ as an arbitrator. List the name, addresses, and telephone numbers of counsel for the plaintiff and the defense **in the most recent** arbitrations or civil trials for which you served as a neutral arbitrator, judge or hearing officer.

\_\_\_\_\_ as an attorney. List the name, addresses, and telephone numbers of opposing counsel and neutral arbitrators, judges, or hearing officers **for the most recent** arbitrations or civil trials in which you participated.

\_\_\_\_\_ as a - \_\_\_\_\_. (Other - please describe.) List the names, addresses, and telephone numbers of counsel and/or arbitrators, judges, or hearing officers **in the most recent** arbitrations or civil trials in which you participated.

**Provide a total of six contacts. You may provide contacts for yourself in different roles.**

**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:

\_\_\_\_\_

---

---

**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 (OIA) may constitute a basis for my disqualification or withdrawal of my name as an arbitrator for OIA matters. I understand that if I am selected as a member of the OIA's panel of neutral arbitrators, copies of this application and all information I attach to it will be available to claimants, their attorneys, Kaiser, its attorneys, the OIA, and the 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's arbitration 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

- a. 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 \_\_\_

- b. **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. 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.

\_\_\_\_\_  
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, and its counsel may select neutral arbitrators.
2. My submission of an application for the OIA 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 OIA panel at any time.
3. Becoming a member of the OIA 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 \_\_\_\_\_

## OIA Demographic Form

California Code of Civil Procedure Section 1281.96(a)(12) requires provider organizations to collect demographic data, relative to ethnicity, race, disability, veteran status, gender, gender identity, and sexual orientation of all arbitrators as self-reported by the arbitrators. Pursuant to the statute, you will be required to complete and return both forms in order to participate as a neutral arbitrator on the OIA panel. The OIA will then post the demographic data in the aggregate on the OIA website.

**YOUR RESPONSES TO THESE QUESTIONS WILL REMAIN CONFIDENTIAL.**

Counsel, parties, and other participants in the arbitration system will not be provided with a copy of your responses or with the information provided on them. Please include your name below on this page and answer each question on the next page. You may decline to state.

**NAME** \_\_\_\_\_

With which racial and/or ethnic group do you identify? Choose all that apply.

- American Indian, Native American or Alaska Native
- Asian
- Black or African American
- Hispanic/Latino or Spanish
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White or Caucasian (Non-Hispanic)
- Other (please specify): \_\_\_\_\_
- Decline to state

Do you identify as a person with a disability?

- Yes
- No
- Decline to state

Which best describes your military status?

- U.S. military veteran
- Military service from a country other than the U.S.
- Current member of the Armed Forces (active duty or reserve)
- No military service
- Decline to state

Which of the following best describes your gender identity?

- Female
- Male
- Non-conforming/Non-binary/gender variant
- Transgender
- Decline to state

Which of the following best describes your sexual orientation?

- Asexual
- Bisexual
- Gay or Lesbian
- Heterosexual
- Pansexual
- Decline to state