

UNITED STATES DISTRICT COURT
Western District of Texas
San Antonio Division
Mediator Information – Update

Name: _____ State Bar ID No.: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

1. Please describe the extent and nature of your experience as a mediator:

2. Please check all applicable areas of substantive experience:

<input type="checkbox"/> Bankruptcy	<input type="checkbox"/> Corporate	<input type="checkbox"/> Labor/Employment
<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Environmental	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Constitutional	<input type="checkbox"/> Insurance	<input type="checkbox"/> Securities
<input type="checkbox"/> Contracts	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Real Property

Other (please describe):

3. Second or other Language(s): _____

Please submit this update to:

Michael Oakes, Divisional Office Manager
United States District Court, Western District of Texas, San Antonio Division
655 E. Cesar E. Chavez Blvd., Rm. G-65
San Antonio, Texas 78206

“I understand that this form may be made available by the Clerk of Court to litigants or to counsel seeking information about my experience. I further understand that I may be asked to provide mediation services *pro bono*, no more than once a year.”

Mediator’s Signature: _____ Date: _____