UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA

Application for Mediators

Please complete the entire application, using additional paper if necessary. You may also attach a resume.

Name: Karl A. Folkens

Firm or Office Name: Folkens Law Firm

Office Address: Post Office Drawer 6139
Florence, SC 29502

Office Phone: (803)665-0100 Office Fax: (803)665-0500

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 6/17/81 I.D. No.: 854

Date admitted to the South Carolina Bar: 5/14/81 Bar No.: 2066

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): 4th Circuit Court of Appeals 3/5/82

Membership and positions held in bar, ADR and professional associations: Florence County Bar President; 1995, Council Member of SC Bar ADR Section, Regional Coordinator - Pee Dee Mediation Network, Board of Directors - SCCMADR

Are you a member in good standing in each jurisdiction where admitted to practice law? X yes ___ no

Are you currently the subject of any pending disciplinary proceeding in any jurisdiction? ___ yes X no

Have you, within the last 5 years, been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct? ___ yes X no

EDUCATION

Year law degree received 1980 Law School University of South Carolina

Other professional degrees received (including year and school)

LEGAL EXPERIENCE (A minimum of 5 years of law practice required)

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:
Trial Litigation: State and Federal Courts; General Practice; Played role in bringing Arbitration and Mediation to Florence County by coordinating settlement weeks.

Percentage of practice in last 5 years representing plaintiff 90 % or defense 10 %

Percentage of Federal or State court practice in last 5 years: Federal 5 % State 95 %

Number of years engaged in active litigation: 15

EXPERTISE

Indicate all substantive areas in which you have expertise. Place a "1" by your strongest area(s) and a "2" by all other areas in which you have expertise. (Do not rank beyond "1" and "2.") After any category you have marked, please identify any sub-areas of expertise you have (e.g. "medical malpractice" after Personal Injury).

	Admiralty	2	Security or Shareholders suits
	Antitrust		Labor
2	Contracts		ERISA
	Environment		Wrongful Termination
	Fraud or Civil RICO		Civil Rights in Employment
1	Insurance	2	Other Civil Rights ADA
	Miller Act		Copyrights
1	Personal Injury		Patent
2	Product Liability		Trademark
	Other (specify)		

Publications:

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above): Coordinated settlement weeks for Florence County Court of Common Pleas; state certified arbitrator, mediator, and family law mediator

Other courts or organizations for whom you serve as a mediator: United States Department of Agriculture - farm program

Number of mediations conducted: 100+

MEDIATION TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
SCCMADR	Circuit Court Civil	11/1/93	Columbia	40
SCCMADR	Family Court	9/23/94	Hilton Head	40
SCCMADR	Circuit Court Arb.	6/3/95	Florence	8

OTHER INFORMATION

Are you familiar with the statutes, rules and practice governing mediation conferences in the District of South Carolina? _X_ yes ____ no

Other relevant experience or skills or other information you would like considered in connection with this application:

Cities in which you are available to conduct mediation:

_X_ Columbia _X_ Charleston ___ Greenville _X_ Florence

Other_____

Fees charged:

Hourly Rate: $ 150.00 Minimum charge each mediation: $ 200.00

How do you bill for travel? (explain): Same as hourly rate, plus mileage at IRS rate

I agree to: (1) Be subject to the Rules of Professional Conduct, Rule 407, South Carolina Appellate Court Rules; to the Rules on Disciplinary Procedure, Rule 413, South Carolina Appellate Court Rules; and the Local Rules of the District Court; (2) Provide mediation to indigents without pay if ordered by the Court; (3) Notify the Clerk of Court of any change in the above facts or otherwise in my ability to perform duties as a mediator; (4) Disclosure of information contained in this application to litigants and other members of the public.

I certify that the foregoing is true and correct.

Signature_____ Date 1/13/97
Applicant

Return completed application to:
U.S. District Court
Mediation
1845 Assembly Street
Columbia, SC 29201-2431

Approved:_____ Date January 31, 1997
U.S. District Judge

7/95

SUPPLEMENT

UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA

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Florence, SC 29502 - 6139

Office Phone: ~~803~~ 843-665-0100

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Percentage of practice in last 5 years representing plaintiff 90% or defense 10%

Number of years engaged in active litigation: ~~15~~ 19

SUPPLEMENT

EXPERTISE

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_	Admiralty	2	Security or Shareholders suits
_	Antitrust	_	Labor
2	Contracts	2	ERISA
_	Environment	_	Wrongful Termination
2	Fraud or Civil RICO	_	Civil Rights in Employment
1	Insurance	2	Other Civil Rights
_	Miller Act	_	Copyrights
1	Personal Injury	_	Patent
2	Product Liability	_	Trademark
	Other (specify) _		

Publications: _

MEDIATION EXPERIENCE

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Other courts or organizations for whom you serve as a mediator: United States Department of Agriculture - farm program

Number of mediations conducted: ~~100+~~ 400+

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X Columbia X Charleston _ Greenville X Florence

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