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: H. Donald Sellers

Firm or Office Name: Haynsworth Sinkler Boyd, P.A.

Office Address: P.O. Box 2048, 75 Beattie Place, 11th Floor, Greenville, SC 29602

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ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 4/74 I.D. No.: 3782

Date admitted to the South Carolina Bar: 11/3/73 Bar No.: 5018

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.):

Membership and positions held in bar, ADR and professional associations: Member - American Bar Associaton; Defense Research Institute; S.C. Defense Trial Attorneys Association; Greenville County Bar Association; S.C. Bar Association

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 1973 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:

I have been a full-time practicing trial attorney since August 1973.

Percentage of practice in last 5 years representing plaintiff 50 % or defense 50 %

Percentage of Federal or State court practice in last 5 years: Federal 65 % State 35 %

Number of years engaged in active litigation: 31

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

Publications: ____

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above):

My primary experience to date has been as a participant. I have participated as a party in mediation in South Carolina, Virginia, New Jersey, Pennsylvania and Georgia.

Other courts or organizations for whom you serve as a mediator (please note any certifications):

Certified Civil Court Mediator in South Carolina.

Number of mediations conducted: 5 Number of other ADR sessions conducted: ____

MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
SC Bar Association	Civil Court Mediation	8/19-8/23/04	SC Bar Office Columbia, SC	40 hr.

OTHER INFORMATION

Are you familiar with the statutes, rules and practice governing alternative dispute resolution 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 [X] Greenville [X] Florence

Other _____

Fees charged:

Hourly Rate: $ 265.00 Minimum charge each mediation: $ 500.00

How do you bill for travel? (explain):

One-half of the hourly rate

I agree to: (1) Be subject to the Rules of Professional Conduct, Rule 407, South Carolina Appellate Court Rules; the Rules for Lawyer Disciplinary Enforcement, 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 Alternative Dispute Resolution Program Director 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: 12-1-2004
Applicant

Return completed application to:
Danny H. Mullis, Director
Alternative Dispute Resolution Program
United States District Court
Post Office Box 835
Charleston, SC 29402-0835

Reviewed: _____ Date: 12/9/04
ADR Program

Approved: _____ Date: 12/9/04
U.S. District Judge

3/2000