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: Michael B.T. Wilkes

Firm or Office Name: THE WARD LAW FIRM, P.A.

Office Address: 233 South Pine St - P.O. Box 5663
Spartanburg, SC 29304

Office Phone: 864-591-2355 Office Fax: 864-585-3090

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1979 I.D. No.: 4658

Date admitted to the South Carolina Bar: 1979 Bar No.: 006107

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): Georgia State and Federal Bar, 1976

Membership and positions held in bar, ADR and professional associations: President, SC Defense Trial Attorneys' 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 1976 Law School University of Georgia

Other professional degrees received (including year and school) UGA B.B.A. 1973

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 practicing law approximately 20 years. My practice has been dedicated to civillitigation in State and Federal courts. I have participated in numerous mediations as an attorney for a litigant or insurance carrier. I received 40 hours ofmediation training.

Percentage of practice in last 5 years representing plaintiff 5 % or defense 95 %

Percentage of Federal or State court practice in last 5 years: Federal 20 % State 80 %

Number of years engaged in active litigation: 20

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

Publications: "Query: What is a Human Factors Expert? An Analysis of the Admissibility of Human Factors Testimony." The Defense Line Magazine, published by the SC Defense Trial Attorneys' Association.

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above): As noted above, I have 40 hours of Mediation training. In my law practice, I engaged in 2 days of medication representing Plaintiffs in L-Tryptophan litigation. I have engaged in 4 days of mediation representing insurance carriers in environmental and construction litigation.

Other courts or organizations for whom you serve as a mediator: None at this time.

Number of mediations conducted: None as a Mediator

MEDIATION TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
Academy of Dispute Resolution	Circuit Civil Mediation	1/19-1/22/95	Charleston, SC	40 Hours

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:

I have served as Managing Officer of The Ward Law Firm, P.A. for the last 7 years which has required the use of some "mediation" skills from time to time.

Cities in which you are available to conduct mediation:

X Columbia X Charleston X Greenville X Florence

Other I am willing to travel anywhere in South Carolina if the parties will pay for travel time.

Fees charged:

Hourly Rate: $ 125.00 Minimum charge each mediation: $ No Minimum

How do you bill for travel? (explain): I bill for all travel time.

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 Michael Wilkes Date 2-5-96
Applicant

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

Approved: Dennis W. Shedd Date 3/1/96
U.S. District Judge

7/95

SUPPLEMENT

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 I am willing to travel anywhere in South Carolina if the parties will pay for travel time.

Fees charged:

Hourly Rate: $ 150.00 Minimum charge each mediation: $ No Minimum

How do you bill for travel? (explain): I bill for all travel time.

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: July 17, 2000
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: _____
ADR Program

Approved: Initially approved by Judge Shedd 3/1/96 _____ Date: _____
t Judge

3/2000