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: Thornwell F. Sowell

Firm or Office Name: Sowell Todd Laffitte Beard & Watson, LLC

Office Address: P.O. Box 11449 (1310 Gadsden St. 29201)
Columbia, SC 29211

Office Phone: 803/929-1400 Office Fax: 803/929-0300

email address: bsowell@sowell.com

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1976 or 1977 I.D. No.: 4244

Date admitted to the South Carolina Bar: 1976 Bar No.: 5197

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): Fourth Circuit (1977); Federal Circuit (1999); US Supreme Ct. (1980).

Membership and positions held in bar, ADR and professional associations: ABOTA, House of Delegates, Federation of Civ. Counsel

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

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

EDUCATION

Year law degree received 1976 Law School USC

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:

1976 - 1996 Nelson Mullins Riley & Scarborough
1996 - 2000 Sowell Todd Laffitte Beard & Watson

Percentage of practice in last 5 years representing plaintiff 25 % or defense 75 %

Percentage of Federal or State court practice in last 5 years: Federal 75 % State 25 %

Number of years engaged in active litigation: 23

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	___ ERISA
___ Environment	1 Wrongful Termination
1 Fraud or Civil RICO	1 Civil Rights in Employment
1 Insurance	___ Other Civil Rights
___ Miller Act	2 Copyrights
1 Personal Injury	___ Patent
2 Product Liability	2 Trademark
___ Other (specify)	

Publications: Several CLEs for SC Bar and DRI.

MEDIATION EXPERIENCE

Mediation experience (particularly in the subject matter categories above): Have in the last 10 years served as mediator in approximately 50 (fifty) cases.

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

Number of mediations conducted: 50± Number of other ADR sessions conducted: 2 arbitrations

MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
SC Bar	Mediation	?	Columbia	3 hrs.±

OTHER INFORMATION

Are you familiar with the statutes, rules and practice governing alternative dispute resolution in the District of South Carolina? ✓ yes ____ no

Other relevant experience or skills or other information you would like considered in connection with this application:
Wide trial experience and appellate experience. Member of SC Chapter of American Board of Trial Advocates.

Cities in which you are available to conduct mediation:

✓ Columbia ✓ Charleston ✓ Greenville ✓ Florence

Other Anywhere in SC.

Fees charged:

Hourly Rate: $ 175 Minimum charge each mediation: $ 125/party admin. fees

How do you bill for travel? (explain) Half of normal rate plus expenses, for out of town travel.

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: [signature] Date: 5-19-00
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: [signature] Date: 5/23/00
ADR Program

Approved: [signature] Date: 5/24/00
U.S. District Judge

3/2000