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: Gayla S.L. McSwain

Firm or Office Name: McNair Law Firm, P.A.

Office Address: 140 East Bay St., P.O. Box 1431
Charleston, SC 29402

Office Phone: 843-723-7831 Office Fax: 843-722-3227

email address: gmcswain@mcnair.net

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1990 I.D. No.: _____

Date admitted to the South Carolina Bar: 1989 Bar No.: 12984

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.):
U.S. Fourth Circuit of Appeals 1991

Membership and positions held in bar, ADR and professional associations: _____

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 1989 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 practiced law with the McNair Law Firm since 1989. I became a shareholder in 1996. I have a general litigation practice & represent plaintiffs and defendants.

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 50 % State 50 %

Number of years engaged in active litigation: ~~18~~ 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	____ Security or Shareholders suits
____ Antitrust	____ Labor
1 Contracts	1 ERISA
____ Environment	1 Wrongful Termination
____ Fraud or Civil RICO	2 Civil Rights in Employment
____ Insurance	____ Other Civil Rights
____ Miller Act	____ Copyrights
1 Personal Injury	____ Patent
2 Product Liability	____ Trademark
1 Other (specify) Construction	

Publications: _____

MEDIATION EXPERIENCE

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

I conducted mediation for the state court until funds expired. These mediations included contract and personal injury disputes.

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

state court; certified by SC Supreme Court

Number of mediations conducted: 5-10(?) Number of other ADR sessions conducted: 0

MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
South Carolina Council for Conflict Resolution		Sept 1999	SC	40-50(?)

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:

I enjoy conducting mediation.

Cities in which you are available to conduct mediation:

[✓] Columbia [✓] Charleston [ ] Greenville [✓] Florence

Other _____

Fees charged:

Hourly Rate: $ 225.00 Minimum charge each mediation: $ 450.00

How do you bill for travel? (explain): 1/2 of usual 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: 11/8/04
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: 11/8/04
ADR Program

Approved: _____ Date: 11/8/04
U.S. District Judge

3/2000