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: Gerald F Smith

Firm or Office Name: Law Office of Gerald F Smith

Office Address: 1229 Lincoln Street Columbia, SC 29201

Office Phone: 803-7651155 Office Fax: 803-799-9628

email address: g.smith52@aol.com

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1972 I.D. No.: 3901

Date admitted to the South Carolina Bar: 10/1971 Bar No 5170

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): 4th Circuit approx. 1973

Membership and positions held in bar, ADR and professional associations: SC Licensed Mediator and ARBITRATOR

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 1971 Law School U.S.C.

Other professional degrees received (including year and school)

33 Years active practice of law

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:

1971 - 1974 Legal Services of Greenville, SC;
1974-1986 Assistant General Counsel, SC Department of Correstions;
1986 - Present Private Practice

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

Percentage of Federal or State court practice in last 5 years: Federal 10 % State 90%

Number of years engaged in active litigation: 33

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

Publications: None as a Mediator

MEDIATION EXPERIENCE

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

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

Number of mediations conducted: 0 Number of other ADR sessions conducted: 2

MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
SC Bar	Mediation	12/2002	Columbia	40
SC Bar	Arbitration Training	2/2002	Columbia	8

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: $ 175.00 Minimum charge each mediation: $ NONE

How do you bill for travel? (explain):

Regular 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: 1/30/05
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: 2/2/05
ADR Program

Approved: _____ Date: 2/2/05
U.S. District Judge

3/2000