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: J. Hagood Tighe

Firm or Office Name: Fisher & Phillips LLP

Office Address: Post Office Box 11612, Columbia, SC 29211

Office Phone: (803) 255-0000 Office Fax: (803) 255-0202

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ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1995 I.D. No.: 6506

Date admitted to the South Carolina Bar: 1995 Bar No.: 9513

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): NC 22355 (admitted 1995)

Membership and positions held in bar, ADR and professional associations:
Chair-Elect for the SC Bar Labor & Employment Section; SC Bar Conventions Committee

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 1995 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:

Employment and labor litigation.

Percentage of practice in last 5 years representing plaintiff 0 % or defense 100 %

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

Number of years engaged in active litigation: 12

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

Publications: ____

MEDIATION EXPERIENCE

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

I have participated in many mediations, but not as the mediator

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

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

MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
SC Bar	Civil Court Mediation Certification Training	08/16-20/2007	Columbia, SC	40

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: $ 295.00 Minimum charge each mediation:$ 750.00

How do you bill for travel? (explain): By the hour, plus mileage.

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: 10/26/07
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: 10/31/07
ADR Program

Approved: _____ Date: 11/1/07
U.S. District Judge

3/2000