

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: H. Samuel Stilwell

Firm or Office Name: Retired

Office Address: P. O. Box 26897
Greenville S. C. 29616

Office Phone: 864-420-5774 Office Fax: 864-242-5545

email address: sstilj@gmail.com

ADMISSIONS AND AFFILIATIONS

Date admitted to the Bar of the District of South Carolina: 1963 I.D. No.: ?

Date admitted to the South Carolina Bar: 1961 Bar No.: 5357

Other courts or jurisdictions to which admitted (with dates of admission and bar nos.): Court of Appeals for the
Fourth Circuit

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 1961 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:

Seven years as a staff attorney with the United States Senate—Senator Strom Thurmond's office and the Senate Commerce committee; twenty eight years in the private practice of law, during the last nine of which I also served in the South Carolina State Senate; twelve years as a Judge on the South Carolina Court of Appeals.

Percentage of practice in last 5 years representing plaintiff n/a % or defense n/a %

Percentage of Federal or State court practice in last 5 years: Federal n/a % State n/a %

Number of years engaged in active litigation: 28

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).

- | | |
|---|--|
| <input type="checkbox"/> Admiralty | <input checked="" type="checkbox"/> Security or Shareholders suits |
| <input type="checkbox"/> Antitrust | <input type="checkbox"/> Labor |
| <input checked="" type="checkbox"/> Contracts | <input type="checkbox"/> ERISA |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Wrongful Termination |
| <input type="checkbox"/> Fraud or Civil RICO | <input type="checkbox"/> Civil Rights in Employment |
| <input checked="" type="checkbox"/> Insurance | <input type="checkbox"/> Other Civil Rights |
| <input type="checkbox"/> Miller Act | <input type="checkbox"/> Copyrights |
| <input checked="" type="checkbox"/> Personal Injury | <input type="checkbox"/> Patent |
| <input type="checkbox"/> Product Liability | <input type="checkbox"/> Trademark |
| <input type="checkbox"/> Other (specify) _____ | |

Publications: _____

Any number of appellate opinions while a member of the court.

MEDIATION EXPERIENCE

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

I conducted a number of mediations before certification was available on the State level.

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

I have not applied for certification by the state judiciary, but am qualified by training and have a state court civil case scheduled for mediation this month.

Number of mediations conducted: 7 Number of other ADR sessions conducted: 0

MEDIATION AND OTHER ADR TRAINING

Course Provider	Course Content	Date	Place	No. of Hours
S.C. Bar continuing Legal Ed Div.	Civil Ct. Mediation training	4/17-21/08	Columbia	40.00

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:

[Redacted area for other relevant experience or skills]

Cities in which you are available to conduct mediation:

Columbia Charleston Greenville Florence

Other Spartanburg and Anderson

Fees charged:

Hourly Rate: \$ negotiable Minimum charge each mediation: \$ negotiable

How do you bill for travel? (explain): Mileage at the going 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: *H. Samuel Pittman* Date: 1/7/09
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: *Danny H. Mullis* Date: 1/12/09
ADR Program

Approved: *[Signature]* Date: 1/12/09
U.S. District Judge