

CALIFORNIA STATE MEDIATION AND CONCILIATION SERVICE ARBITRATOR REQUEST FORM

Panel of Private Arbitrators

The California State Mediation and Conciliation Service (CSMCS) maintains a statewide panel of private arbitrators who are available to serve as neutrals for labor disputes. The automated Panel of Arbitrators Selection System (PASS) will generate a random list of arbitrators based on criteria indicated in the parties' request. *Please note that the fee for each new arbitration list request is \$50.00 and payment must be received before we are able to process your request. There will be no charge for substitute lists for the same case.*

Although the request form need not be actually signed by both parties, the requesting party must certify that it is a joint request and list the contact information of the other party.



Once you receive your list of arbitrators, please review the list. If you want additional information about any of the arbitrators on the list, please email SMCSInfo@perb.ca.gov. Include the CSMCS case # and the name of the arbitrator(s) about whom you want information. We will then email you the name of the most recent five employers and employee organizations that selected the arbitrator(s). If a particular arbitrator has less than five total selections from CSMCS lists, we will send you as many as we have.

When the parties select an arbitrator, they must notify CSMCS. CSMCS will notify the arbitrator, who will contact the parties to set dates. **It is very important that the parties notify CSMCS of their selection. CSMCS** is tracking arbitrator acceptability, and our data will be incomplete if we are not notified of arbitrator selections from our lists.

Absent a joint request to do otherwise, SMCS will send out lists of arbitrators who **may not reside in the region of the dispute, but have agreed to charge travel and expenses only for costs associated with travel within the region (northern, central or southern California).**

If the request does not specify the number of arbitrator names, we will issue a list of seven. The list is accompanied by the resume of each arbitrator on the list.

Questions

Please contact SMCS with any questions you may have. You may call the Oakland office at (510) 873-6465, or email us at SMCSInfo@perb.ca.gov.

**CALIFORNIA STATE MEDIATION AND CONCILIATION SERVICE
ARBITRATOR REQUEST FORM**

Requesting Party	Other Party
Name: _____	Name: _____
Title: _____	Title: _____
Organization: _____	Organization: _____
Email address: _____	Email address: _____
Phone number: _____	Phone number: _____
Mailing address: _____	Mailing address: _____

Delivery Options: Mail Fax Email

Case Name/Type: _____

Preferences:

Upon the joint request of the parties, when preferences are identified, SMCS will draw from the pool of arbitrators who meet specified criteria.

Number of Arbitrators _____

Membership in:

- National Academy of Arbitrators
- American Arbitration Association.

Area of experience (check only one)

- Transit
- Police
- Fire
- K-12 education
- Community Colleges
- Agriculture
- Local government (cities, counties, special districts)
- Health care
- State government
- Interest arbitration
- Internal union disputes

Other specifications

- Expedited availability-arbitrators who have indicated they typically have at least five open dates within the 60-day period after appointment
- Member of the State of CA Bar Association
- Geographic proximity (arbitrators who actually reside in the region of the dispute).
- Experience in California only

Absent a joint request to do otherwise, CSMCS will send out lists of arbitrators who may not reside in the region of the dispute, but have agreed to charge travel and expenses only for costs associated with travel within the region (northern, central or southern California.)

Signature on the request for an arbitrator certifies that this is a joint request of both parties and the preferences identified are mutual.

Signature

Title

Date

A signed and completed form requesting a list of arbitrators may be sent to CSMCS by e-mail (smcsinfo@perb.ca.gov) or faxed to 510-873-6475. An original signed form must be mailed to CSMCS at 1330 Broadway, Suite 1532, Oakland, CA 94612-2514.