

FIRST JUDICIAL CIRCUIT

**APPLICATION FOR INCLUSION ON THE
COURT APPROVED MEDIATION LISTING**

Please return this completed application with supporting documentation to:

**Office of the Chief Judge
First Judicial Circuit
PO Box 940
Marion, IL 62959**

Name _____

Agency/Firm _____

Business Address _____

Business Phone _____

Home Address _____

Home Phone _____

Email Address _____

Preferred mailing address Home Business

Application requests certification for the following (check one or both)

Civil Cases Family Law Cases

Current Employment Position _____

Please list work experience related to Law/Human Services:

Agency/Firm	Position	Years
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach resume as you would like for it to appear for review by participants at the Circuit Clerk's Offices.

Please list Professional Certification(s)/License(s):

Please list Professional Memberships, Community/Volunteer Groups:

Please list Education Information:

College	Degree and Date	Major
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Graduate School	Degree and Date	Major
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Other

ATTORNEY APPLICANTS: Describe your civil and/or family law trial experience that qualifies you to serve as a mediator under the mediation rules of the First Judicial Circuit.

NON-ATTORNEY APPLICANTS: Describe your education and professional experience that qualifies you to serve as a family law mediator under the mediation rules of the First Judicial Circuit.

MEDIATION TRAINING: Please describe how you have completed the required mediation training. Attach Certificate of Completion or Course Outline.

Please describe any additional mediation training you have completed. Attach Certificate of Completion.

How many mediations have you completed? _____

MEDIATION MALPRACTICE INSURANCE COVERAGE:

No, I do not have coverage yet. I understand that I will not be permitted to participate without coverage.

Yes, I currently hold professional liability insurance which covers me for practice of mediation in the amount of \$ _____ (limit of liability). Please attach Certificate of Insurance.

FEES:

Please indicate your hourly rate: \$ _____

Do you offer reduced fees? Yes No

Pro Bono Work? Yes No

I hereby verify that all information provided in this application is true and correct. I understand that I may be requested to consent to a criminal background check. I am familiar with and agree to adhere to the ethical guidelines of my profession and of the First Judicial Circuit Court Referred Mediation Program.

Signature

Date