

APPLICATION FOR CERTIFICATION AS A MEDIATOR
for the Civil Case Mediation Program
of the Sixteenth Judicial Circuit pursuant to Local Rule 10.03

The undersigned attorney is eligible for appointment, and hereby submits this completed application with all required attachments to the Chief Judge's Office or the Presiding Judge of the Civil Division.

Printed name: _____

Firm name: _____

please check preferred email and phone number for court communications

- Home email: _____
- Firm email: _____
- Mobile phone: _____
- Business phone: _____

Year admitted to Illinois Bar _____ ARDC# _____

- I am a member in good standing with the Illinois Bar and have at least six (6) years of Illinois trial practice
- I have completed a forty (40) hour mediation training program at _____ institution on the date of _____ (*attach training certificate to this application*)
- I am a retired Judge
- I understand I must perform no less than one (1) *pro bono* mediation case assignment annually.

The following is a synopsis of my litigation experience and areas of specialization:

I certify that all of the above information is true and correct. If my status changes I will immediately notify the Chief Judge or Presiding Judge of the Civil Division to remove my name from the list of mediators.

Signature

Date

Approved by _____ Date approved _____