

APPLICATION FOR APPOINTMENT AS MEDIATOR

Family Mediation Program for the Sixteenth Judicial Circuit Pursuant to Local Rule 14.15

GENERAL INFORMATION

Name: _____ Title: _____ Office Telephone: _____

Office Address: _____

LICENSURE

If you possess a master's degree in social work, mental health, or clinical psychology, please indicate type of degree and your Illinois License Number:

Further, please attach a copy of your license and degree as an exhibit to this application.

If you are an attorney, please indicate your attorney number with the Illinois Attorneys Registration and Disciplinary Commission: _____

Further, please attach a copy of your current ARDC Attorneys card as an exhibit to this application.

ALL APPLICANTS

Please attach a copy of the document or certificate which confirms that you have satisfactorily completed a 40 hour divorce mediation training program as an exhibit to this application.

Has your license to practice any profession, in any jurisdiction, ever been suspended or revoked? __Yes__No
If yes, please provide an attachment to this application describing the details and disposition.

I, _____ hereby apply for the Court's permission to be designated a mediator in the Family Mediation Program as established by the Sixteenth Judicial Circuit Court under Local Rule 14.15.

In making this application for appointment as a mediator, I agree to abide by the rules of the Sixteenth Judicial Circuit Family Mediation Program as promulgated by the judges of said circuit as they may from time to time enact or amend.

Further, in making this application I signify my willingness, and I authorize any designated agent of the judges of the Sixteenth Judicial Circuit to consult with any and all members of professional staffs with which I have been associated, as well as other persons that may have information concerning my professional and ethical qualifications and competence. I consent to the inspection of any and all records made at institutions or commissions which are material to an evaluation of my professional qualifications and competence to carry out the function of mediator. I agree, further, to release from liability and hold harmless all who are called upon to perform the above so long as they act in good faith and without malice.

I consent to the release of information and release from liability and agree to hold harmless all agents of the Sixteenth Judicial Circuit, and other institutions for furnishing or releasing any information concerning my application, status, or performance in the past.

I certify that I have read and agree to abide by Rule 14.15 of the Sixteenth Judicial Circuit Local Rules.

I agree to conduct my mediation practice in conformity with the Professional Standards of Practice for Mediators as promulgated by the Mediation Council of Illinois, if anon-attorney, or in conformity with the ABA Standards of Practice for Lawyer Mediators in Family Disputes if an attorney, and certify I have read the applicable standards.

Signature of Applicant: _____

Date: _____

The undersigned applicant having duty sworn upon oath here by signifies that the statements and representations made in this application are true and correct.

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

-----ACTION ON APPLICATION-----

Eligible Not Eligible

Date: _____ By: _____