

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
Williamson County Courthouse
Marion, IL 62959**

Name _____

Agency/Firm _____ Business Phone No. _____

Business Address: _____

Home Address: _____

Home Telephone _____

E-Mail _____

Preferred Mailing Address: Home [] Business []

Applicant requests certification for the following: (check one or both)

_____ Civil Cases _____ Family Law Cases

Current Employment Position: _____

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).

Professional Certification(s)/License(s):

Professional Memberships, Community/Volunteer Groups:

Education:

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).
Certificate of insurance attached.

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