## OFFICE OF THE EXECUTIVE SECRETARY SUPREME COURT OF VIRGINIA

## APPLICATION FOR MEDIATOR CERTIFICATION

Please use black ink so this document will be legible when scanned.

This application will be considered pursuant to certification criteria established by the Judicial Council of Virginia and without regard to race, color, political affiliation, national origin, disability, sex or age.

SEC'	TION I	GENERAL INFORMA	TION Please type or prin	t.	
1.	Name:				
		Last	First		Middle
	Business N	ame (if different from above)	):		
	Primary Ac	Idress:			
			Street and/or Post Office B	OX	
	C	ity	State	Zip Code	County
2.	Last 4 Digi	ts Social Security Number: _	Office Phone:		
	Home Phor	ne:	Fax:		
	E-mail:		Website:		
3.	Colleges, U	Iniversities, and Graduate Scl			
	Name	City/State	Dates Attended From To	Degree(s) Attained	Major
4.	TC	eady currently certified as a nhat category?		-	
5.	experience experience and two let	not received a bachelor's degand qualifications sufficient to or experience in the field of otters of recommendation that a may be requested. (You sho	to support certification, such dispute resolution. The lette address your oral and writte	n as specific busined for must be accompany to communication s	ess or military anied by a resume skills. Additional
	I have a bac	chelor's degree. Yes No			
	(If no bach	elor's degree, letter, resume	& letters of recommendation	n must be attached	)

6.	Please list all professional	affiliations which you consider relevan	nt to your certification.	
7. P	Please check the type(s) of ce	rtification for which you are applying:		
	General District ( Juvenile and Don	Court nestic Relations District Court	Circuit Court-0	
SECT	TION II CERTIFI	ED TRAINING		
traini	ng from Dispute Resolution S	ning out of state, you may request a was Services. You should request a waiver per attach a documentation of the waiver	prior to beginning any o	
1.	General District Court Me	diation (Minimum 20 hours: 20-hr basi	ic)	
	List the certified mediatio required from the trainer.	n training you have received. Form AI	DR-1006 (Trainee Evalu	uation Form) is
	Course/Hours	Trainer	Location	Date
2.	Juvenile and Domestic Refamily)	lations District Court Mediation (Minir	mum 40 hours: 20-hr ba	sic and 20-hr
	List the certified mediatio required from the trainer.	n training you have received. Form AI	DR-1006 (Trainee Evalu	nation Form) is
	Course/Hours	Trainer	Location	Date
3.	Circuit Court-Civil Media	tion Training (Minimum 40 hours: 20-l	nr basic and 20-hr circu	it court civil)
	List the certified mediatio required from the trainer.	n training you have received. Form AI	DR-1006 (Trainee Evalu	aation Form) is
	Course/Hours	Trainer	Location	Date
4.	Circuit Court-Family Med	liation Training (Minimum 52 hours: 20	O-hr basic, 20-hr family	, and 12-hr circuit

court family)

	Course/Hours		Trainer	Locatio	on E	<b>D</b> ate
SECT	TION III		REENING FOR DOME District Court and Circ	` •		
		tified training you have received in screening for and dealing with domestic abuse in the xt. Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.				
	Course/Hours		Trainer	Location	on D	ate
SEC ]	TION IV	TRAINING IN VIR	GINIA'S JUDICIAL S	SYSTEM		
	4 hours) Form	ADR-1006 (Trainee 1	perience you have recei Evaluation Form) is rec Bar, please provide you	ved in Virginia's judi juired from the trainer		
	4 hours) Form	ADR-1006 (Trainee 1	Evaluation Form) is rec	ved in Virginia's judi juired from the trainer	. If you are a m	
	4 hours) Form a good standing of	ADR-1006 (Trainee 1	Evaluation Form) is rec Bar, please provide you	ved in Virginia's judi quired from the trainer ir bar number.	. If you are a m	nember in
	4 hours) Form a good standing of	ADR-1006 (Trainee of the Virginia State of t	Evaluation Form) is rec Bar, please provide you	ved in Virginia's judi quired from the trainer ir bar number. Locatio	. If you are a m	nember in
SECT	4 hours) Form a good standing of Course/Hours  TION V  a. Observation	ADR-1006 (Trainee of the Virginia State of t	Evaluation Form) is red Bar, please provide you Trainer	ved in Virginia's judi quired from the trainer ir bar number.  Location  NS  f Observation) from q	n Σ ualified Mento	nember in
SECT	4 hours) Form a good standing of Course/Hours  TION V  a. Observation attesting to you required.  Case Type: Ge	ADR-1006 (Trainee of the Virginia State of t	Evaluation Form) is received by the Bar, please provide you are a secured by the Bar, please provide you are a secured by the Bar, please provide you are a secured by the Bar and the Bar	ved in Virginia's judi quired from the trainer ir bar number.  Location  NS  f Observation) from q	ualified Mento	nember ir Date
SECT	4 hours) Form a good standing of Course/Hours  TION V  a. Observation attesting to you required.  Case Type: Ge	ADR-1006 (Trainee of the Virginia State of t	Evaluation Form) is reconstructed by the Bar, please provide you are also as a construction of the Bar, please provide you are also as a construction of the Bar and the Bar a	ved in Virginia's judi quired from the trainer ir bar number.  Location  NS  f Observation) from que Guidelines for numb	ualified Mento	nember in
SECT	4 hours) Form a good standing of Course/Hours  TION V  a. Observation attesting to you required.  Case Type: Ge Circuit-Civil	ADR-1006 (Trainee of the Virginia State of t	Evaluation Form) is reconstructed by the Bar, please provide you are also as a construction of the Bar, please provide you are also as a construction of the Bar and the Bar a	NS  f Observation) from quide Guidelines for number.  Name of Mento	ualified Mento	nember in

2.	qualified Mente	: Attach Forms ADR-100s and Form ADR-100s e see Section C.3 of the	8 (Mentee Portfolio Fo	orm) completed by	both Mentors and
		eneral District, J&DR, or Circuit-Family	Dates of Co-mediations	Hours of Mediation	Name of Mentor
3.		a written Memorandum ary scrivener) for each le			you (for which you
	Date of Mediat	ion:	Mentor:		
	Date of Mediat	ion:	Mentor:		
4.	If you are seeki	ing Juvenile and Domes	tic Relations District (	Court or Circuit Co	ourt-Family certification, llculator and the statute.
	Date of Mediat	ion:	Mentor:		
SECTI	ON VI	RECIPROCITY (If yo Complete this Section		cing mediation in a	nother state, please
1.		evidence of mediation t uccessful completion.	raining. Attach copies	s of outlines, agend	las, and letters or
	Course/Hours		Trainer	Locat	ion Date
2.		evidence of successful of (Trainee Evaluation I			irginia's judicial system. d.
	Course/Hours		Trainer	Locat	ion Date
3.		evidence of at least two m ADR-1006 (Trainee)			rds of Ethics for certified er is required.
	Course/Hours		Trainer	Locat	ion Date

please provide evider mediation context an	nce of eight hours of ad also evidence of tr	training in screening for aining in family law, sp	rt or Circuit Court-Fami or and dealing with dom pecifically addressing V completed by the trainer	estic abuse ir irginia child a
Course/Hours		Trainer	Location	Date
Please provide evide from clients, court pe			l case types. You may s	submit letters
Please list two refere	ences (name, address	, and telephone number	):	
	CKGROUND			
ON VII BAC  Have you ever 1) had professional licenses	suspended or revoke ssional privilege or li	d); 2) had any profession	n, including mediation ( onal privileges curtailed; stigation? Yes N	and/or 3)
ON VII BAC  Have you ever 1) had professional license serelinquished a profess describe on the lines.  Have you ever been traffic violation results.	d a disciplinary actionsuspended or revokensional privilege or list provided below.  convicted of a felonylting in suspension of lo contendere pleas.	d); 2) had any profession cense while under investigation.  y, a misdemeanor (inclured revocation of a drivery Yes No	onal privileges curtailed;	sive driving),

I understand that, in court-referred cases, if there is no orientation session provided for the parties by the court, <u>I will provide an initial orientation session for the parties</u>, and their lawyers if they choose to attend, at no cost to the parties.

I also understand that I am obligated as a condition of my certification to ensure that Forms ADR-1002 (Evaluation of Mediation Session(s) and Mediator(s)) are provided to all parties referred from the courts.

Sı	gnature of Applicant	Date
SECTION IX	STATEMENT OF ADHERENCE TO E	THICAL STANDARDS
	ertify that I have read the <u>Standards of Ethics a</u> by the Judicial Council of Virginia effective Judards.	

Please forward this application and your check to:

Dispute Resolution Services
Office of the Executive Secretary
Supreme Court of Virginia
100 N. Ninth Street, Third Floor
Richmond, VA 23219

If you have any questions or comments, please contact Dispute Resolution Services, 804-786-6455