

**OFFICE OF THE EXECUTIVE SECRETARY
SUPREME COURT OF VIRGINIA**

APPLICATION FOR MENTOR STATUS

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

SECTION I. GENERAL INFORMATION

1. Name:

Last

First

Middle

Business Name (if different from above):

Street address

City

State

Zip Code

County

2. E-mail Address:

Telephone

3. Certification Number: _____ Court Level(s): GDC JDR CCC CCF

4. Court Level(s) for which Mentor Status is Requested: GDC JDR CCC CCF

5. Most Recent Recertification Date: _____

SECTION II. CERTIFIED TRAINING

1. Have you attended an OES certified 4-hour course related to “Mentoring Individuals Seeking Certification as a Court-Referred Mediator”? Yes ___ No ___

2. If yes, list date and location of training: _____

Please attach either the original or a photocopy of your course completion certificate.

SECTION III. MEDIATION EXPERIENCE

1. Year you became certified as a court-referred mediator: _____

Attach evidence of having completed 10 cases and 30 hours of mediation at the court level(s) for which Mentor status is sought. Objective evidence refers to records kept in the ordinary course of business (invoices, etc.). It may include: 1) docket number and details of the case; 2) a statement from a mediation program director where you mediate; 3) client evaluation forms showing hours spent in mediation; 4) memorandum of agreement if it includes the length; 5) letter from a co-mediator, etc...

SECTION IV. MENTOR RESPONSIBILITIES

1. What is your understanding of the obligations and responsibilities of a Mentor in preparing and evaluating a mentee? (Add additional sheets if needed.)

I hereby certify that the information provided in this application is true to the best of my knowledge and accurately reflects my qualifications to provide mentorship services in cases referred through the court system of the Commonwealth of Virginia. My signature on any OES mentorship form(s) certifies that I have personally mentored and evaluated the applicant seeking court-referred mediator certification. If approved for Mentor status, I agree to adhere to the *Standards of Ethics and Professional Responsibility for Mediators*, adopted April 2011. I understand that all information herein is subject to verification.

Signature of Applicant

Date

Please forward this application to:

Dispute Resolution Services
Office of the Executive Secretary
Supreme Court of Virginia
100 N. Ninth Street, Third Floor
Richmond, VA 23219
Or email it to drsapplications@vacourts.gov

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