## 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.

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SECT	ION I	GENERAL INFORMATION	Please type or prin	t.	
1.	Name:	Last	First		Middle
	Business Nam	ne (if different from above):			
	Primary Addr	Box			
		City	State	Zip Code	County
2.	Last 4 Digits	Social Security Number:	Office Phone:		
	Home Phone:		Fax:		
	E-mail:		Website:		
3.	Colleges, Uni Name	versities, and Graduate Schools A City/State	ttended: Dates Attended From To	Degree(s) Attained	Major
4.	If yes, in wha	dy currently certified as a mediator t category? GDC JDR not need to fill in #5 below if you	CCC	CCF	No
5.	If you have not received a bachelor's degree, please attach a letter describing your relevant work and life experience and qualifications sufficient to support certification, such as specific business or military experience or experience in the field of dispute resolution. The letter must be accompanied by a resume and two letters of recommendation that address your oral and written communication skills. Additional information may be requested. ( <i>You should seek a waiver prior to beginning mediation training</i> .)				
		elor's degree. Yes No or's degree, letter, resume & letters	of recommendation	must be attached)	

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6.	Please list all professional affiliations that you consider relevant to your certification.						
7.	Please check the type(s) of certification for which you are applying:						
	General District ( Juvenile and Don	Court nestic Relations District Court	Circuit Court-Civil Circuit Court-Family				
SECTI	ON II CERT	IFIED TRAINING					
training	from Dispute Resolution	aining out of state, you may request a waiver Services. You should request a waiver prio se attach documentation of the waiver to this	r to beginning any other traini				
1.	General District Court	Mediation (Minimum 20 hours: 20-hr b	pasic)				
	List the certified mediation training you have received. Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.						
	Course/Hours	Trainer	Location	Date			
2.	Juvenile and Domestic Relations District Court Mediation (Minimum 40 hours: 20-hr basic and 20-hr family)						
	List the certified mediation training you have received. Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.						
	Course/Hours	Trainer	Location	Date			
3.	Circuit Court-Civil Mediation Training (Minimum 40 hours: 20-hr basic and 20-hr circuit court civil)						
	List the certified mediation training you have received. Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.						
	Course/Hours	Trainer	Location	Date			
4.	Circuit Court-Family Mediation Training (Minimum 52 hours: 20-hr basic, 20-hr family, and 12-hr circuit court family)						
	List the certified mediation training you have received. Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.						

	Course/Hours		Trainer	Loca	tion	Date
SECTI	ON III	TRAINING IN SCRI	EENING FOR DOM	ESTIC ABUSE (rea	uired for Juver	aile and
Domestic Relations I hours)			` *			
1.	Describe the certified training you have received in screening for and dealing with domestic abuse in the mediation context. Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.					buse in the
	Course/Hours		Trainer	Loca	tion	Date
SECTI	ON IV	TRAINING IN VIRO	GINIA'S JUDICIAL	SYSTEM		
1.	Describe the certified training or experience you have received in Virginia's judicial system. (Minimum 4 hours) Form ADR-1006 (Trainee Evaluation Form) is required from the trainer. If you are a member in good standing of the Virginia State Bar, please provide your bar number.					
	Course/Hours		Trainer	Locat	ion	Date
SECTI	ON V	OBSERVATIONS A	ND CO-MEDIATIO	ONS		
1.	a. <u>Observations:</u> Attach Forms ADR-1007 (Verification of Observation) from qualified Mentors attesting to your observations. Please see Section C.3. of the <u>Guidelines</u> for number of observations required.					
		neral District, J&DR, or Circuit-Family	Date(s) of Observation	Name of Mer	ntor	
	or b. Certified Observation Course: Form ADR-1006 (Trainee Evaluation Form) is required from the trainer.					
	Course/Hours		Trainer	Loca	tion	Date
2.	qualified Mento	Attach Forms ADR- ors and Form ADR-10 e see Section C.3.of the	08 (Mentee Portfolio	Form) completed by	both Mentors	and
		neral District, J&DR, Circuit-Family	Dates of Co-mediations	Hours of Mediation	Name of M	entor

3.	Please enclose a written Memorandum of Agreement/Understanding written by you (for which you served as primary scrivener) for each level of certification you are seeking.						
	Date of Media	tion:	Mentor:				
	Date of Mediation:		Mentor:				
4.	•	If you are seeking Juvenile and Domestic Relations District Court or Circuit Court-Family certification, please enclose a child support worksheet completed by you, by hand, using a calculator and the statute.					
	Date of Mediation:		Mentor:				
SECTI	ION VI	RECIPROCITY (If you are cu complete this Section.)	urrently practicing	mediation in another stat	te, please		
1.		Please provide evidence of mediation training. Attach copies of outlines, agendas, and letters or certificates of successful completion.					
	Course/Hours		Trainer	Location	Date		
2.	Please provide evidence of successful completion of four hours of training in Virginia's judicial system. Form ADR-1006 (Trainee Evaluation Form) completed by the trainer is required.						
	Course/Hours		Trainer	Location	Date		
3.	Please provide evidence of at least two hours of education on Virginia's Standards of Ethics for certified mediators. Form ADR-1006 (Trainee Evaluation Form) completed by the trainer is required.						
	Course/Hours		Trainer	Location			
4.	please provide context of me	king Juvenile and Domestic Rela e evidence of eight hours of train diation and also evidence of train rt. Forms ADR-1006 (Trainee E	ing in screening for ning in family law	or and dealing with dome specifically addressing	stic abuse in the Virginia child and		

	Course/Hours	Trainer	Location	Date	
5.	Please provide evidence of number of mediation from clients, court personnel or mediation programmed programmed and programmed progr		pes. You may submi	t letters	
6.	Please list two references (name, address, and to	elephone number):			
SECTI	ON VII BACKGROUND				
1.	Have you ever been convicted of, or plead guilt including traffic violations resulting in susp offenses? Yes No If Yes, list (violated). Please see Section E.1. and E.2. of the	ension or revocation o (please include the spe	f a driver's license a	and DUI	
2.	Have you ever 1) had a disciplinary action related professional license suspended or revoked); 2) have relinquished a professional privilege or license of the second state of the second secon	nad any professional priv	rileges curtailed; and/		
3.	If you answered "Yes" to question #1 or #2 aboryour ability to provide mediation services.	ve, please describe the ir	mpact, if any, this cou	ld have on	
SECTI	ON VIII EVALUATION AND CERTIF	ICATION			
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.					
and acc	I also hereby certify that the information provided in this application is true to the best of my knowledge and accurately reflects my qualifications to provide mediation services in cases referred through the court system of the Commonwealth of Virginia. I understand that all information herein is subject to verification.				
	Signature of Applicant		Date		

## SECTION IX STATEMENT OF ADHERENCE TO ETHICAL STANDARDS

I hereby certify that I have read the Standards of Ethics and Professional Responsibility for Certified Mediators adopted by the Judicial Council of Virginia effective July 1, 2011 and do swear or affirm that I will abide by those standards.

Signature of Applicant

Date

A \$25.00 check or money order must accompany this application. Please make the check payable to the **Treasurer of Virginia**. Do not send cash.

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.