

Oregon Judicial Department  
OJCIN OnLine  
1163 State St  
Salem, OR 97301  
800-858-9658

**COURT-CONNECTED DOMESTIC RELATIONS MEDIATOR DECLARATION**

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mediator Type (please mark one):

County Employee Mediator \_\_\_\_\_ County Contracted Panel: \_\_\_\_\_

Court Approved or Appointed: \_\_\_\_\_ Private Mediator \_\_\_\_\_

What percentage of your work is performed as a county contracted Panel or Court Approved/Appointed mediator? \_\_\_\_\_

List which counties and/or panels where you provide domestic mediation services:

\_\_\_\_\_  
\_\_\_\_\_

I completed this declaration for the purpose of providing the Oregon Judicial Department with information to determine my eligibility for a fee waived or reduced rate OJCIN Online subscription. I hereby declare that the above statements are true.

\_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_ Name (print) \_\_\_\_\_

*OJD Verification:*

*Verification date:* \_\_\_\_\_

*Fee Waiver: Granted:* \_\_\_\_\_ *Denied:* \_\_\_\_\_

*Comments:* \_\_\_\_\_