# Columbia County Circuit Court Domestic Relations Mediator Application Form

	This completed form will be on file for p	public inspection
1. Name:	Business Nam	e:
2. Mailing/Office	Address:	
3. Phone:	E-mail:	
	r ( <i>may choose one or both</i> ): y/parenting time issues panel   □ finar	ncial issues panel
areas:	nal degrees have you earned? <i>Indicate de</i>	
	urrent occupation?	
	onal certifications do you hold?	
sources, dates an	h the formal training in mediation that your dense attach copies of your cers).	rtificate(s) of completion and
9. Please describe family reorganiza benefits law, don several liability fo personal bankrup (including disclos finality of a judgr	e your training on legal and financial issu ation in Oregon, including property divisi nestic relations income tax law, child and or family debt; corporate and partnership ptcy, ethics (including unauthorized prac sure problems), the needs of pro se partie nent, and methods to carry out the partie tach supporting documentation.)	tes in separation, divorce and ion, asset valuation, public l spousal support and joint and o law, retirement interests, ctice of law), drafting, legal process es review by independent counsel, es' agreement. ( <i>List topics, hours</i>
1 41		

Number of hours accredited by the Oregon State Bar:

10. Please describe any training about the court system you have had, including the number of hours:

11. Description of how your fees are established (*Please note that the court pays a set rate as determined by the presiding judge for custody/parenting time mediation*): \_\_\_\_\_

12. Are you bilingual?  $\Box$  Yes  $\Box$  No

If yes, please list languages you speak fluently: \_\_\_\_\_

13. Please check the boxes and fill in the blanks to describe your **educational background and experience**:

 $\Box$  Bachelors in a behavioral science related to:

- $\Box$  family relationships
- $\Box$  child development
- $\hfill\square$  conflict resolution
- $\hfill\square$  with course work in a behavioral science

□ Post graduate experience serving families (*list full time equivalent experience*):

- $\Box$  social work for \_\_\_\_\_ years
- $\Box$  mental health for \_\_\_\_\_ years
- $\Box$  conflict resolution for \_\_\_\_\_ years

 $\Box$  Masters  $\Box$  Doctoral in:

- $\Box$  counseling
- $\Box$  psychiatry
- $\Box$  psychology
- $\hfill\square$  social work
- $\Box$  marriage and family therapy
- $\Box$  mental health
- In a subject relating to:
  - $\Box$  children and family dynamics
    - $\Box$  education
    - $\Box$  communication
    - $\Box$  conflict resolution

□ Post graduate experience serving families (*list full time equivalent experience*):

- $\Box$  social work for \_\_\_\_\_ years
- $\Box$  mental health for \_\_\_\_\_ years
- $\Box$  conflict resolution for \_\_\_\_\_ years
- $\Box$  Juris Doctor with:
  - $\Box$  Course work in family law
  - $\Box$  CLE credits in family law

### **Mediation Experience**

Domestic relations mediation, supervised by or co-mediated with a qualified supervisor:
Number of cases
Number of hours
Domestic Relations Custody and Parenting Time:
Number of cases
Number of hours
Supervisor:
Directly observed:
Number of cases
Number of hours
Domestic Relations Financial Issues:
Number of cases
Number of hours
Supervisor:
Directly observed:
Number of cases
Number of hours
Mediation:
Types of disputes/cases:
Number of cases
Number of hours
Organization/Supervisor:

#### **Additional Work Experience**

List full time equivalent experience in the following areas:

□ mediation: \_\_\_\_\_ years

□ direct therapy or counseling with an emphasis on short-term problem solving: \_\_\_\_\_years

 $\Box$  domestic relations lawyer for \_\_\_\_years

 $\Box$  juvenile lawyer for \_\_\_\_\_ years

List any other relevant education and/or experience:

14a. If you do not meet the specific criteria in UTCR 12 do you have other training, experience or education that qualifies you to mediate? Please explain: \_\_\_\_\_\_

14b. What is your plan, including a timeline, to meet the minimum requirements\_\_\_\_\_

# 15. Advertising and Solicitation

If I am selected to serve as a mediator who provides court-connected mediation services, I will not directly solicit such employment from a party to litigation. Direct solicitation does not include general advertising, so long as the advertising does not specifically target parties to litigation, claim designations such as "certified" by Columbia County Circuit Court or identify Columbia County Circuit Court. Direct solicitation of parties does not include contact with counsel. \_\_\_\_\_ (initials)

## 16. Mediator Ethics

I subscribe to the following code of professional ethics, standards or principles (e.g. OMA, OSB, ACR): \_\_\_\_\_

I am subject to the following disciplinary rules relevant to my memberships, licenses, or certifications:

I certify that I am currently in good standing with all regulatory authorities of my profession. I hereby authorize the court to review any professional associations and licensing authorities that I am associated with and particularly with regard to any complaints that have been filed with any such agencies or organizations I am licensed with. I am licensed with the following agencies: 
□ Oregon State Bar

□ Board of: □ Psychologists □ Counselors and Therapists □ Clinical Social Workers □ Other: \_\_\_\_\_

I agree to keep the Columbia County Circuit Court informed of any changes in my licensure status or qualifications to be listed as a mediator. \_\_\_\_\_ (initials)

I certify that I have read and will comply with the Oregon Revised Statutes, Supplemental Local Rules for Columbia County that pertain to court connected mediation, and Oregon UTCR 12. \_\_\_\_\_(initials)

### **Financial Mediators**

 $\Box$  I certify I shall maintain at least \$100,000 in malpractice insurance or self-insurance with comparable coverage Section 2.3(7). Please provide name of Insurance company:

By signing this mediator application, I acknowledge that the information provided may be verified, references/programs may be contacted, and I expressly consent to the release of information.

Signature

Date

Return to: Jenny Doney, Management Assistant 230 Strand Street, St. Helens, OR 97051 jenny.l.doney@ojd.state.or.us