

MARION COUNTY CIRCUIT COURT

Mediator Application

(Attach additional sheets or resume if necessary)
(This completed form will be on file for public inspection)

1. Name: _____ Business Name: _____

2. Mailing/Office Address: _____

3. Phone: _____ Fax: _____ E-mail: _____

4. Application for (may choose one or both):
 custody issues panel financial issues panel

Financial Mediators 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:

5. What educational degrees have you earned? (Indicate degree, grantor and subject areas): _____

Is your degree from an accredited institution? Yes No

Other: _____

6. What is your current occupation? _____ How long? _____

7. What professional certifications do you hold? _____

8. Please set forth the formal training in mediation that you have received to date by listing sources, dates and hours. (Please attach copies of your certificate(s) of completion and training outline(s)). _____

9. Please describe your training on legal and financial issues in separation, divorce and family reorganization in Oregon, including property division, asset valuation, public benefits law, domestic relations income tax law, child and spousal support and joint and several liability for family debt; corporate and partnership law, retirement interests, personal bankruptcy, ethics (including unauthorized practice of law), drafting, legal process (including disclosure problems), the needs of pro se parties review by independent counsel, finality of a judgment, and methods to carry out the parties' agreement. (List topics, hours and dates and attach supporting documentation. _____

Number of hours accredited by the Oregon State Bar: _____

10. Do you have an understanding of court-connected domestic relations programs?

Yes No How? _____

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

12. Description of how your fees are established (the court pays a set rate pursuant to SLR 12.095 for custody/parenting time mediation): _____

13. Are you bilingual? Yes No

If yes, please list languages spoken: _____

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

Bachelors in a behavioral science related to:

- family relationships
- child development
- conflict resolution

with course work in a behavioral science

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

- social work for _____ years
- mental health for _____ years
- conflict resolution for _____ years

Masters Doctoral in:

- counseling
- psychiatry
- psychology
- social work
- marriage and family therapy
- mental health

In a subject relating to:

- children and family dynamics
- education
- communication
- conflict resolution

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

- social work for _____ Years
- mental health for _____ Years
- conflict resolution for _____ years

Juris Doctor with:

- Course work in family law
- 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: ___ cases ____ hours

Domestic Relations Financial Issues:

Number of cases _____

Number of hours _____

Supervisor _____

directly observed: __ cases . 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

domestic relations lawyer for _____ years

juvenile caseload (lawyer) for _____ years

List any other relevant education and/or experience: _____

15. If you do not meet the specific criteria in the OJD Court-Connected Mediator Qualifications Rules do you have other training, experience or education that qualifies you to mediate? Please explain: _____

What is your plan to meet the minimum requirements? When do you plan to actually meet the minimum requirements? _____

Advertising and Solicitation

16. 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 Marion County Circuit Court or identify Marion County Circuit Court. Direct solicitation of parties does not include contact with counsel. _____ (initials)

Mediator Ethics

17. 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 Courts to review any professional associations and licensing authorities that I am associated with and particularly with regard to any complaints that have en 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 Marion County Circuit Court informed of any changes in my licensure status or qualifications to be listed as a mediator.

I certify that I have read and will comply with the Oregon Revised Statutes, Supplemental Local Rules for Marion County that pertain to civil case mediation, and the Oregon Judicial Department (OJD) Court-Connected Mediator Qualifications Rules, and that I will include in my opening remarks the required information listed in the Mediator Ethics Section 1.4. In addition, I agree to comply with the continuing education requirement for court-connected mediators, Section 2.1(3) and 3.6 and all other requirements specified in the OJD Court Connected Qualification Rules. _____ (*initials*)

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.

Date

Signature

Return to:

**Mediation Coordinator
Marion County Circuit Court
P.O. Box 12869
Salem, OR 97309.**