

OFFICE OF THE EXECUTIVE SECRETARY OF THE SUPREME COURT OF VIRGINIA

APPLICATION FOR APPELLATE MEDIATOR CERTIFICATION

Please type or print in 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. Use this application to apply for Supreme Court of Virginia and the Court of Appeals certifications only. See Section C.5. of the Guidelines for the Certification and Training of Court-REFERRED Mediators for qualifications needed to certify for each court.

SECTION I GENERAL INFORMATION

1. Name: _____
Last First Middle

Business Name (if different from above): _____

Mailing Address: _____
Street and/or Post Office Box

_____ City State Zip Code County

2. Last 4 Digits Social Security Number: _____

3. Office Phone: _____ Home Phone: _____

E-mail: _____ Website: _____

Please check any item you do NOT want posted in the online Searchable Mediator Directory.

Business Name
 Street Address
 City
 County
 Zip Code
 Home Phone
 Office Phone
 Email
 Website

If you prefer to post alternate contact information online for any of the above, please list that information below.

4. For which certification(s) are you applying?

	Supreme Court		Court of Appeals
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5. Please attach a copy of your VSB card.

6. If you are currently a certified mediator, provide certification number: _____ and

Certification type(s):

	General District Court		Circuit Court-Civil
	J & DR District Court		Circuit Court-Family

7. If you are not currently a certified mediator, attach an ADR-1006 form for the 20-hr basic course.

SECTION II TRAINING AND EXPERIENCE

1. If you haven't served as an appellate jurist, attach the ADR-1006 for the 2-hour Appellate Training and check at least one of the following qualifications and attach the requested documentation.
 - a. ___ served as a jurist on another court in Virginia (attach a letter of appointment or retirement)
 - b. ___ litigated at least 10 appellate cases within the last 10 years (attach ADR-1000B-1)
 - c. ___ Virginia certified Circuit Court Family mediator
2. If you served as an appellate jurist, please attach a copy of your appointment or retirement letter.

SECTION III BACKGROUND

1. Have you ever been convicted of a felony, a misdemeanor (includes reckless and aggressive driving), a traffic violation resulting in suspension or revocation of a driver's license, or a DUI/DWI? Conviction includes guilty or nolo contendere pleas. Yes ___ No ___ If Yes, list on the lines provided below with the specific code section(s) violated.

2. Have you ever 1) had a disciplinary action related to a profession, including mediation (for example, a professional license suspended or revoked); 2) had any professional privileges curtailed; and/or 3) relinquished a professional privilege or license while under investigation? Yes ___ No ___ If Yes, describe on the lines provided below.

3. If you answered "Yes" to question #1 or #2 above, please describe the impact, if any, this could have on your ability to provide mediation services.

SECTION IV EVALUATION AND CERTIFICATION

I understand that, in court-referred cases, if there is no orientation session provided for the parties by the court, **I will provide an initial orientation session for the parties, and their lawyers if they choose to attend, at no cost to the parties.**

I understand that I am obligated as a condition of my certification to ensure that the ADR-1002 forms (Evaluation of Mediation Session(s) and Mediator(s)) are provided to all court-referred parties.

I certify 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 from the Virginia Judicial System. I understand all information herein is subject to verification.

Signature of Applicant

Date

SECTION V STATEMENT OF ADHERENCE TO ETHICAL STANDARDS

I hereby certify I 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 for each certification requested. 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, or drsapplications@vacourts.gov.**