**UNITED STATES DISTRICT COURT   
FOR THE SOUTHERN DISTRICT OF OHIO**

**APPLICATION FOR INITIAL APPOINTMENT TO MEDIATOR PANEL**

**Background**

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

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ohio Bar No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Admitted to the State of Ohio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Admitted to the United States District Court for the Southern District of Ohio: \_\_\_\_\_\_\_\_

**Qualifications**

Have you read General Order COL 18-01? Yes\_\_\_\_ No\_\_\_\_

Have you served as a volunteer mediator during Settlement Week in the past? Yes\_\_\_ No\_\_\_

Are you currently, or have you ever been, an approved mediator for any tribunal?

Yes\_\_\_\_ No\_\_\_\_

If yes, please provide the name of the tribunal and the time period for which you served as an approved mediator.

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Have you served otherwise as a mediator in the past? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain your experience, including your viewpoints on mediation style, the number and types of cases mediated, the jurisdictions where you have mediated, and, where possible, outcomes.

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Have you had any mediation training? Yes\_\_\_\_ No\_\_\_\_

If yes, please explain your training, including when the training was completed, who conducted the training, and the topics addressed.

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Have you obtained any certifications or other specialized designations in mediation? Yes\_\_\_\_ No\_\_\_\_

If yes, please provide details, including who issued the certification or designation, the year received, and the requirements you were required to meet to obtain the certification.

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Why are you applying to be a volunteer mediator?

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Are you willing and able to serve as a mediator for the next five years? Yes\_\_\_\_ No\_\_\_\_

Are you willing to complete a mandatory four-hour mediation training prior to beginning your term as a mediator? Yes\_\_\_\_ No\_\_\_\_

Are you willing to complete at least one hour of mediation training on the topic of mediation during each of the next five years? Yes\_\_\_\_ No\_\_\_\_

What types of cases would you be best suited to mediate and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has your conduct as a licensed attorney ever been subject to discipline or sanctions?

Yes\_\_\_\_ No\_\_\_\_

If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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