Commonwealth of Kentucky
Court of Justice *www.courts.ky.gov*

APPLICATION TO BE PLACED ON THE MEDIATOR ROSTER

This application will be considered pursuant to criteria ordered as Rules of Administrative Procedure AP Part XII, Mediation Guidelines for Court of Justice Mediators. **Please read all instructions carefully**.

Section I. General Information

Name (Last, First, Middle)_____

Mailing Address_____

_____

Phone_____ Fax_____ E-mail_____ County_____

Section II. General Mediation (Complete this section if you would like to be placed on the roster as a General Mediator.)

Training and Experience

A mediator who offers to provide general mediation services should have the following minimum training and experience:
(a) Forty hours of training with an approved mediation training program covering communication skills; conflict resolution theory and practice; mediation theory, practice, and techniques; the court process; and,
(b) Fifteen hours of participation in actual dispute mediation, in at least three cases, under the guidance of a mediator qualified under these Guidelines or a mediation training center.

I have completed a general mediation training and mediation experience as required in Section II (a) and (b). YES ☐ NO ☐

What organization provided your training and when? (See below.)

Training Provider	Location	Training Dates	Number of Hours

List areas of experience (ex: contracts):

Case Name: **Court:** **Date:** **Judge:**

General Nature of Cause:

Duration of Mediation:

Supervisor/Mentor Name:

Supervisor Address:

Supervisor Phone:

Brief Description of Supervision received:

Case Name: **Court:** **Date:** **Judge:**

General Nature of Cause:

Duration of Mediation:

Supervisor/Mentor Name:

Supervisor Address:

Supervisor Phone:

Brief Description of Supervision received:

Case Name: **Court:** **Date:** **Judge:**

General Nature of Cause:

Duration of Mediation:

Supervisor/Mentor Name:

Supervisor Address:

Supervisor Phone:

Brief Description of Supervision received:

Pursuant to Section 2(3) of the Guidelines, any mediator who has not completed general mediation training and/or the mediation experience as noted in Section II (a) and (b) above, and has engaged in a mediation practice prior to April 15, 2005, when these Guidelines were adopted, may be qualified by equivalent training and experience. Please describe below what you believe is equivalent to the training and experience suggested by these Guidelines. (Use extra sheet if necessary.)

Section III. Family Mediation (Complete this section if you would like to be placed on the roster as a Family Mediator.)

Training and Experience

A mediator who offers to provide family mediation services should have the following minimum training and experience: (a) Forty hours of training with an approved mediation training program covering conflict resolution, the mediation process, communication skills, the psychological aspects of divorce on families, domestic violence, substance abuse, financial and property issues, paternity, family law, and family or circuit court procedures. Family mediators are strongly encouraged to take general mediation training prior to this training; and, (b) Fifteen hours of participation in actual dispute mediation, in at least three cases, under the guidance of a family mediator qualified under these Guidelines or a mediation training center.

I have completed a family mediation training and mediation experience as required in Section II (a) and (b). YES ☐ NO ☐

What organization provided your training and when? (See below.)

Training Provider	Location	Training Dates	Number of Hours

List areas of experience (ex: contracts):

Case Name: **Court:** **Date:** **Judge:**

General Nature of Cause:

Duration of Mediation:

Supervisor/Mentor Name:

Supervisor Address:

Supervisor Phone:

Brief Description of Supervision received:

Case Name: **Court:** **Date:** **Judge:**

General Nature of Cause:

Duration of Mediation:

Supervisor/Mentor Name:

Supervisor Address:

Supervisor Phone:

Brief Description of Supervision received:

Case Name: _____ **Court:** _____ **Date:** _____ **Judge:** _____

General Nature of Cause: _____

Duration of Mediation: _____

Supervisor/Mentor Name: _____

Supervisor Address: _____

Supervisor Phone: _____

Brief Description of Supervision received: _____

Pursuant to Section 2(3) of the Guidelines, any mediator who has not completed family mediation training and/or the mediation experience as noted in Section III (a) and (b) above, and has engaged in a mediation practice prior to April 15, 2005, when these Guidelines were adopted, may be qualified by equivalent training and experience. Please describe below what you believe is equivalent to the training and experience suggested by these Guidelines. (Use extra sheet if necessary.)

I, _____, swear/affirm that the information supplied on this application is correct. I understand that falsifications, misstatements or misrepresentations above may disqualify me from being placed on the mediators' roster. I further certify that I have read and understand the Mediation Guidelines for the Court of Justice Mediators, agree to adhere to the ethical guidelines as stated in Section 3, and agree to my name and contact information being placed on the Mediators Roster with the Mediation Division of the Administrative Office of the Courts.

_____ _____
Signature of Applicant Date

Please return this form to:
Administrative Office of the Courts
Mediation Office, Legal Services Department
1001 Vandalay Drive
Frankfort, KY 40601
Fax 502-782-8702

For Office Use Only
App Rec'd _____ / _____ / _____
Reviewed _____ / _____ / _____
Application Approved (Y/N)
Action Taken: _____