

MEDIATOR REGISTRY

APPLICATION TO BE PLACED ON THE INDIANA COMMISSION FOR CONTINUING LEGAL EDUCATION REGISTRY OF APPROVED COURT MEDIATORS

Please Print Clearly or Type: If registering as a team, individual applications must be completed for each member of the team. Each application must include payment of \$50.00 per area (Civil or Domestic) per listing (individual or team) made payable to the "Continuing Legal Education Fund." No fee is required of inactive mediators or full-time judges who will not be mediating, but who wish to be shown on the Registry.

**Return Completed Application and Fee To: Indiana Commission for Continuing Legal Education
30 South Meridian Street, Suite 950
Indianapolis, IN 46204-3564
Attention: Mediator Registry
Phone: (317) 232-1943
Web Address: www.in.gov/judiciary/cle**

***Check Enclosed:
\$ 50 Civil Individual
\$ 50 Civil Team
\$ 50 Domestic Indiv.
\$ 50 Domestic Team
_____ Total Amount Paid**

BUSINESS INFORMATION	
INDIVIDUAL NAME :	ATTORNEY OR MEDIATOR #
DATE OF BIRTH:	SOCIAL SECURITY NUMBER #
TEAM NAME:	
BUSINESS NAME (IF DIFFERENT FROM TEAM NAME):	
BUSINESS ADDRESS:	
ZIP CODE:	
TELEPHONE: ()	FAX: ()
E-MAIL ADDRESS:	

HOME INFORMATION	
HOME ADDRESS:	
ZIP CODE:	
TELEPHONE: ()	FAX: ()

LIST THE FOLLOWING ON REGISTRY: (Check all that apply)

_____ BUSINESS INFORMATION ONLY

_____ BUSINESS AND HOME INFORMATION

- | | | |
|--|-------|--------------------|
| * I am registering as an individual only | YES | NO |
| * I am registering as a team member only | YES | NO |
| * I am registering as an individual and as a team member | YES | NO |
| * I am registering as an inactive mediator (not currently mediating) in the following areas (no fee required, will appear as inactive): | CIVIL | DOMESTIC RELATIONS |
| Are you a full-time judge? (no fee required, will appear as inactive) | YES | NO |

I. DOMESTIC RELATIONS

I wish to be listed as a Domestic Relations Mediator YES NO

Number of Domestic Relations cases mediated _____ Hourly rate _____

Are you willing to travel to the parties? YES NO

Are you bilingual (including sign language)? YES NO List Languages _____

II. DOMESTIC RELATIONS MEDIATOR ISSUES

Instructions: The issues in which you choose to mediate will be listed on the Registry of Mediators. Please check all that apply.

<input type="checkbox"/> ALL <input type="checkbox"/> Visitation <input type="checkbox"/> Custody <input type="checkbox"/> Property Division <input type="checkbox"/> Guardianships/Adoptions/CHINS/Delinquencies	<input type="checkbox"/> Child Support <input type="checkbox"/> Paternity <input type="checkbox"/> All Domestic Relations Issues <input type="checkbox"/> All Children Issues
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III. DOMESTIC RELATIONS MEDIATOR CHOICE OF LOCATIONS

Instructions: The Counties or Judicial Districts in which you choose to mediate will be listed on the Registry of Mediators. Please choose any or all of the following:

<input type="checkbox"/> ALL <input type="checkbox"/> DISTRICT 1 <input type="checkbox"/> Jasper <input type="checkbox"/> Lake <input type="checkbox"/> LaPorte <input type="checkbox"/> Newton <input type="checkbox"/> Porter <input type="checkbox"/> Pulaski <input type="checkbox"/> Starke <input type="checkbox"/> DISTRICT 2 <input type="checkbox"/> Elkhart <input type="checkbox"/> Kosciusko <input type="checkbox"/> Marshall <input type="checkbox"/> St. Joseph <input type="checkbox"/> DISTRICT 3 <input type="checkbox"/> Adams <input type="checkbox"/> Allen <input type="checkbox"/> DeKalb <input type="checkbox"/> Huntington <input type="checkbox"/> LaGrange <input type="checkbox"/> Noble <input type="checkbox"/> Steuben <input type="checkbox"/> Wells <input type="checkbox"/> Whitley <input type="checkbox"/> DISTRICT 4 <input type="checkbox"/> Benton <input type="checkbox"/> Carroll <input type="checkbox"/> Clinton <input type="checkbox"/> Fountain <input type="checkbox"/> Montgomery <input type="checkbox"/> Tippecanoe <input type="checkbox"/> Warren <input type="checkbox"/> White	<input type="checkbox"/> DISTRICT 5 <input type="checkbox"/> Cass <input type="checkbox"/> Fulton <input type="checkbox"/> Howard <input type="checkbox"/> Miami <input type="checkbox"/> Tipton <input type="checkbox"/> Wabash <input type="checkbox"/> DISTRICT 6 <input type="checkbox"/> Blackford <input type="checkbox"/> Delaware <input type="checkbox"/> Grant <input type="checkbox"/> Henry <input type="checkbox"/> Jay <input type="checkbox"/> Madison <input type="checkbox"/> Randolph <input type="checkbox"/> DISTRICT 7 <input type="checkbox"/> Clay <input type="checkbox"/> Parke <input type="checkbox"/> Putnam <input type="checkbox"/> Sullivan <input type="checkbox"/> Vermillion <input type="checkbox"/> Vigo <input type="checkbox"/> DISTRICT 8 <input type="checkbox"/> Boone <input type="checkbox"/> Hamilton <input type="checkbox"/> Hancock <input type="checkbox"/> Hendricks <input type="checkbox"/> Johnson <input type="checkbox"/> Marion <input type="checkbox"/> Morgan <input type="checkbox"/> Shelby <input type="checkbox"/> DISTRICT 9 <input type="checkbox"/> Fayette <input type="checkbox"/> Franklin <input type="checkbox"/> Rush <input type="checkbox"/> Union <input type="checkbox"/> Wayne	<input type="checkbox"/> DISTRICT 10 <input type="checkbox"/> Greene <input type="checkbox"/> Lawrence <input type="checkbox"/> Monroe <input type="checkbox"/> Owen <input type="checkbox"/> DISTRICT 11 <input type="checkbox"/> Bartholomew <input type="checkbox"/> Brown <input type="checkbox"/> Decatur <input type="checkbox"/> Jackson <input type="checkbox"/> Jennings <input type="checkbox"/> DISTRICT 12 <input type="checkbox"/> Dearborn <input type="checkbox"/> Jefferson <input type="checkbox"/> Ohio <input type="checkbox"/> Ripley <input type="checkbox"/> Switzerland <input type="checkbox"/> DISTRICT 13 <input type="checkbox"/> Daviess <input type="checkbox"/> Dubois <input type="checkbox"/> Gibson <input type="checkbox"/> Knox <input type="checkbox"/> Martin <input type="checkbox"/> Perry <input type="checkbox"/> Pike <input type="checkbox"/> Posey <input type="checkbox"/> Spencer <input type="checkbox"/> Vanderburgh <input type="checkbox"/> Warrick <input type="checkbox"/> DISTRICT 14 <input type="checkbox"/> Clark <input type="checkbox"/> Crawford <input type="checkbox"/> Floyd <input type="checkbox"/> Harrison <input type="checkbox"/> Orange <input type="checkbox"/> Scott <input type="checkbox"/> Washington
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III. CIVIL MEDIATOR CHOICE OF LOCATIONS

Instructions: The Counties or Judicial Districts in which you choose to mediate in will be listed on the Registry of Mediators. Please choose any or all of the following:

<p><input type="checkbox"/> ALL</p>		
<p><input type="checkbox"/> DISTRICT 1</p> <p><input type="checkbox"/> _____ Jasper</p> <p><input type="checkbox"/> _____ Lake</p> <p><input type="checkbox"/> _____ LaPorte</p> <p><input type="checkbox"/> _____ Newton</p> <p><input type="checkbox"/> _____ Porter</p> <p><input type="checkbox"/> _____ Pulaski</p> <p><input type="checkbox"/> _____ Starke</p>	<p><input type="checkbox"/> DISTRICT 6</p> <p><input type="checkbox"/> _____ Blackford</p> <p><input type="checkbox"/> _____ Delaware</p> <p><input type="checkbox"/> _____ Grant</p> <p><input type="checkbox"/> _____ Henry</p> <p><input type="checkbox"/> _____ Jay</p> <p><input type="checkbox"/> _____ Madison</p> <p><input type="checkbox"/> _____ Randolph</p>	<p><input type="checkbox"/> DISTRICT 12</p> <p><input type="checkbox"/> _____ Dearborn</p> <p><input type="checkbox"/> _____ Jefferson</p> <p><input type="checkbox"/> _____ Ohio</p> <p><input type="checkbox"/> _____ Ripley</p> <p><input type="checkbox"/> _____ Switzerland</p>
<p><input type="checkbox"/> DISTRICT 2</p> <p><input type="checkbox"/> _____ Elkhart</p> <p><input type="checkbox"/> _____ Kosciusko</p> <p><input type="checkbox"/> _____ Marshall</p> <p><input type="checkbox"/> _____ St. Joseph</p>	<p><input type="checkbox"/> DISTRICT 7</p> <p><input type="checkbox"/> _____ Clay</p> <p><input type="checkbox"/> _____ Parke</p> <p><input type="checkbox"/> _____ Putnam</p> <p><input type="checkbox"/> _____ Sullivan</p> <p><input type="checkbox"/> _____ Vermillion</p> <p><input type="checkbox"/> _____ Vigo</p>	<p><input type="checkbox"/> DISTRICT 13</p> <p><input type="checkbox"/> _____ Daviess</p> <p><input type="checkbox"/> _____ Dubois</p> <p><input type="checkbox"/> _____ Gibson</p> <p><input type="checkbox"/> _____ Knox</p> <p><input type="checkbox"/> _____ Martin</p> <p><input type="checkbox"/> _____ Perry</p> <p><input type="checkbox"/> _____ Pike</p> <p><input type="checkbox"/> _____ Posey</p> <p><input type="checkbox"/> _____ Spencer</p> <p><input type="checkbox"/> _____ Vanderburgh</p> <p><input type="checkbox"/> _____ Warrick</p>
<p><input type="checkbox"/> DISTRICT 3</p> <p><input type="checkbox"/> _____ Adams</p> <p><input type="checkbox"/> _____ Allen</p> <p><input type="checkbox"/> _____ DeKalb</p> <p><input type="checkbox"/> _____ Huntington</p> <p><input type="checkbox"/> _____ LaGrange</p> <p><input type="checkbox"/> _____ Noble</p> <p><input type="checkbox"/> _____ Steuben</p> <p><input type="checkbox"/> _____ Wells</p> <p><input type="checkbox"/> _____ Whitley</p>	<p><input type="checkbox"/> DISTRICT 8</p> <p><input type="checkbox"/> _____ Boone</p> <p><input type="checkbox"/> _____ Hamilton</p> <p><input type="checkbox"/> _____ Hancock</p> <p><input type="checkbox"/> _____ Hendricks</p> <p><input type="checkbox"/> _____ Johnson</p> <p><input type="checkbox"/> _____ Marion</p> <p><input type="checkbox"/> _____ Morgan</p> <p><input type="checkbox"/> _____ Shelby</p>	<p><input type="checkbox"/> DISTRICT 14</p> <p><input type="checkbox"/> _____ Clark</p> <p><input type="checkbox"/> _____ Crawford</p> <p><input type="checkbox"/> _____ Floyd</p> <p><input type="checkbox"/> _____ Harrison</p> <p><input type="checkbox"/> _____ Orange</p> <p><input type="checkbox"/> _____ Scott</p> <p><input type="checkbox"/> _____ Washington</p>
<p><input type="checkbox"/> DISTRICT 4</p> <p><input type="checkbox"/> _____ Benton</p> <p><input type="checkbox"/> _____ Carroll</p> <p><input type="checkbox"/> _____ Clinton</p> <p><input type="checkbox"/> _____ Fountain</p> <p><input type="checkbox"/> _____ Montgomery</p> <p><input type="checkbox"/> _____ Tippecanoe</p> <p><input type="checkbox"/> _____ Warren</p> <p><input type="checkbox"/> _____ White</p>	<p><input type="checkbox"/> DISTRICT 9</p> <p><input type="checkbox"/> _____ Fayette</p> <p><input type="checkbox"/> _____ Franklin</p> <p><input type="checkbox"/> _____ Rush</p> <p><input type="checkbox"/> _____ Union</p> <p><input type="checkbox"/> _____ Wayne</p>	
<p><input type="checkbox"/> DISTRICT 5</p> <p><input type="checkbox"/> _____ Cass</p> <p><input type="checkbox"/> _____ Fulton</p> <p><input type="checkbox"/> _____ Howard</p> <p><input type="checkbox"/> _____ Miami</p> <p><input type="checkbox"/> _____ Tipton</p> <p><input type="checkbox"/> _____ Wabash</p>	<p><input type="checkbox"/> DISTRICT 10</p> <p><input type="checkbox"/> _____ Greene</p> <p><input type="checkbox"/> _____ Lawrence</p> <p><input type="checkbox"/> _____ Monroe</p> <p><input type="checkbox"/> _____ Owen</p>	
	<p><input type="checkbox"/> DISTRICT 11</p> <p><input type="checkbox"/> _____ Bartholomew</p> <p><input type="checkbox"/> _____ Brown</p> <p><input type="checkbox"/> _____ Decatur</p> <p><input type="checkbox"/> _____ Jackson</p> <p><input type="checkbox"/> _____ Jennings</p>	

ALL POST-SECONDARY EDUCATION (Bachelor Degree Information Must Be Included)

DEGREE & INSTITUTION	YEAR OBTAINED	MAJOR AREA

PROFESSIONAL LICENSES ISSUED

TYPE	STATE ISSUED	LICENSE NUMBER	CURRENT STATUS

COMMISSION APPROVED MEDIATION TRAINING RECEIVED *

PROVIDER/LOCATION	TYPE (CIVIL OR DOMESTIC RELATIONS)	DATE

*Attach certificates of attendance for each program you wish the Commission to consider in determining whether to register you as a Mediator.

Have you been the subject of any disciplinary action affecting your professional license(s)? YES NO

If yes, please explain the outcome and current status for each action _____

Have you ever been an attorney licensed in Indiana? YES NO

If so, are you currently in good standing? YES NO

If no, please explain your current status _____

Have you ever resigned a professional license? YES NO

If yes, please give the name and number of the license and the circumstances of your resignation.

Have you been charged with or convicted of a crime or misdemeanor alleging fraud, dishonesty or trickery? YES NO

If yes, please explain the outcome and current status for each action.

Have you been convicted of or charged with a felony? YES NO

If yes, please explain the outcome and current status for each action.

Have you been subject to disciplinary action as a mediator in any state? YES NO

If yes, please explain the outcome and give the current status _____

Attach reference letters with this application from three references who can advise the Commission concerning your moral character and fitness to practice mediation. (These do not include relatives or schoolmates.) List the names, addresses, phone numbers and e-mail addresses of these references.

1. _____

2. _____

3. _____

I affirm, under the penalties for perjury, that the foregoing representations are true. I understand that I have a continuing duty to supplement and keep current the information provided to the Registry of Mediators.

Signature _____ Date _____

AGREEMENT, RELEASE AND AUTHORIZATION

As a condition of this Application, I agree to submit to the Indiana Commission for Continuing Legal Education any documentary or other evidence it may request in further explanation of any event occurring in my past life as to which I have within this Application made reference. Without limitation, this Agreement includes military discharge or service documents, court transcripts, records of any school or professional disciplinary proceedings, criminal and misdemeanor records, as well as both a current and any past financial statement as may be requested.

By execution of this Application I acknowledge that I have studied in their entirety the Indiana Supreme Court Alternative Dispute Resolution Rules including Rule 7, "Conduct and Discipline for Persons Conducting ADR" and I hereby agree to abide by those standards if I am registered as a mediator. All information set forth in this Application and in all supplemental pages attached thereto is true, complete, accurate, and made without reservation of any kind. The said Application contains a total disclosure of all information requested therein.

I hereby authorize all persons, firms, corporations, institutions, governments, agencies and organizations of any nature or kind to release to the Indiana Commission for Continuing Legal Education of the Supreme Court of Indiana, and to any and all of its agents or representatives, any and all information, files or records, pertaining to this Application; and to furnish any and all documents, records, information of any nature or kind; and to permit the inspection and copying of any such documents, records, or information, including but not limited to medical reports, laboratory reports, clinical reports, or any examination or examinations, consultations or tests. I further authorize any and all persons in any capacity to answer any and all questions in any form that may be submitted to them, and I also authorize any person in any capacity to offer and to give, fully and completely, either oral or written testimony concerning my Application, including information I have furnished to them.

I hereby release and waive any and all rights to said documents, reports, information, consultations, and evaluations, and I hereby fully agree that all persons in any capacity may fully disclose said information. I hereby specifically release, acquit and discharge every person in any capacity and all firms, corporations, institutions, governments, agencies and organizations from any and all liability or claims of any nature or kind growing out of any investigation of any nature or kind and the furnishing of any documents, or information, or testimony of any nature or kind to the said Commission for Continuing Legal Education of the Supreme Court of Indiana and its agents or representatives. I hereby further waive all my rights or privileges to claim any matter contained in said Application or resulting from an investigation of the undersigned as a confidential communication, and I hereby further waive and specifically release, acquit and discharge the Supreme Court of Indiana and its individual members, the Indiana Commission for Continuing Legal Education and its individual members, and any and all agents and representatives thereof from any and all claims, demands, suits, actions or proceedings for damages or other legal or equitable relief of any nature or kind that I may have as a result of submitting said Application and the resulting investigation, decision and rulings thereon.

I fully understand and agree that this Application is a continuing application and agree that if any matter contained herein shall be changed by an event or incident I will immediately notify the Indiana Commission for Continuing Legal Education of such change.

(Note: Sign and complete in your own handwriting)

Signature

Printed Name

Street address, City, County, State, Zip

Telephone no./alternative telephone no.

Dated: This _____ day of

20_____

OFFICE USE ONLY

DATE RECEIVED BY COMMISSION

- Further information needed
- Refer to meeting date
- Approved
- Mediator Number (if newly assigned)
- Denied. Reference
- Fee paid amount
- Check No.
- Cash
- Civil Individual
- Civil Team
- Domestic Relations Individual
- Domestic Relations Team
- Civil Inactive Individual
- Domestic Relations Inactive Individual

DATE ACKNOWLEDGMENT LETTER SENT

INITIALS

Revised 9/12/07