



# Application for Mediator Registry

Complete this application to be listed on the Indiana Registry of Approved Court Mediators.

## Instructions

- 1. Complete this form.** Please print clearly or type your responses into this fillable form.
- 2. Choose your method of payment.** To register as a mediator, you will be required to pay a \$50 fee for each area (civil or domestic relations) for which you apply. If you wish to pay your application fee by cash or check, include this with your application. If you prefer to pay by credit card or electronic check, you will have the opportunity to do this in Step 5. Indicate your preferred method on your checklist (page 2).

- 3. Submit your application.** Return your completed application, including all required attachments, by mail to:

Indiana Office of Admissions and Continuing Education  
 251 N. Illinois Street, Suite 550  
 Indianapolis, IN 46204-3564  
 Attention: Mediator Registry

**IF YOU DO NOT INCLUDE ALL REQUIRED ATTACHMENTS, YOUR APPLICATION WILL BE RETURNED TO YOU.**

- 4. Allow 30 days to process.** Your application will be reviewed by the Commission for Continuing Legal Education. Following review, you will receive an email notification with instructions to submit your application payment and/or complete your mediator information on the Indiana Clerk of Courts Portal (see Step 5).
- 5. Complete your registration online.** Follow the instructions in the email notification to create an account—if you do not already have one—on the Indiana Clerk of Courts Portal. Once your account is created, you will have the opportunity to pay your application fee by credit card or electronic check and to provide information about your mediation practice, including hourly rate, practice areas and locations served. This information will be used on the public mediator search website at <http://courts.in.gov/cle/mediators>.

**OFFICE USE ONLY**

<input type="checkbox"/>	Approved	Mediator Number (if newly assigned):
<input type="checkbox"/>	Denied	Reference:
<input type="checkbox"/>	Further information needed	The check was: <small>WRONG AMOUNT   WRONG PAYEE   NOT SIGNED   OTHER</small> Incomplete: <small>NO REFERENCES   NO REFERENCE LETTERS   SEE PAGES _____   OTHER</small>
<input type="checkbox"/>	Refer to meeting date:	
<input type="checkbox"/>	Civil Individual	<input type="checkbox"/> Civil Inactive Individual
<input type="checkbox"/>	Domestic Relations Individual	<input type="checkbox"/> Domestic Relations Inactive Individual
Fee paid amount:		<input type="checkbox"/> Check # <span style="margin-left: 100px;"><input type="checkbox"/> Cash</span>
Date received by Commission:		Date Acknowledgment Letter Sent: <span style="margin-left: 100px;">Initial:</span>

# Checklist

*Use this checklist to make sure you have included all required attachments with your application. If your application is incomplete, it will be returned to you.*

## METHOD OF PAYMENT

I have enclosed cash or a check made payable to "Continuing Legal Education Fund" in the amount of:

I will pay my application fee online by credit card or electronic check. I understand my application is incomplete and will not be processed until the full non-refundable payment is made.

## ATTACHMENTS

I have attached certificates of attendance for the mediator training I have received (see page 4).

I have attached documentation to explain previous disciplinary action affecting my professional license (see page 5).

I have attached documentation to explain resignation of a professional license (see page 5).

I have attached documentation to explain previous disciplinary action against me as a mediator (see page 5).

I have attached documentation to explain my criminal history (see page 6).

I have attached three letters of reference and included my references' contact information on this form (see page 7)

I have signed the Affirmation on page 7.

I have signed the Agreement, Release and Authorization on page 8.

## Contact Information

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Name

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Date of Birth Social Security Number

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Address

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City State Zip Code

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This is my business address This is my home address

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Phone Mobile

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Email Address

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## Registration Information

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I have been admitted to the Indiana bar Attorney number

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I already have an assigned mediator number Mediator number

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I am a full-time judge\*

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I wish to register as a civil mediator I'd like my civil mediator status to be **inactive\***

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I wish to register as a domestic relations mediator I'd like my domestic mediator status to be **inactive\***

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*\* Note that if you are a full-time judge as defined in Admission and Discipline Rule 28, section 2(j), or you choose inactive status, you will not be listed on the public mediator search. You will be charged a registration application fee, but will not be charged the subsequent annual registration fee.*

## All Post-Secondary Education

*Bachelor degree information must be included*

Institution	Year Obtained	Degree & Major Area

## Professional Licenses Issued

Type	State Issued	License No.	Current Status

## Commission-Approved Mediation Training Received

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

Provider	Date	Type
		Civil Domestic Relations
		Civil Domestic Relations
		Civil Domestic Relations
		Civil Domestic Relations

## Professional History

1. If you are admitted to practice law in Indiana, but your license is not in good standing, please explain your current status:

2. 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 and provide documentation, including the following: grievance or complaint, dismissal, order, opinion.

3. 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. Provide documentation, including the following: grievance or complaint, dismissal, order, opinion.

4. 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. Provide documentation, including the following: grievance or complaint, dismissal, order, opinion.

## Criminal History

1. Have you been charged with or convicted of any violation of law that has not been expunged by a court pursuant to Ind. Code sec. 35-38-9, including but not limited to, all felonies, misdemeanors, infractions and violations of military law? Include matters that have been dismissed, subject to a diversion or deferred prosecution program, or otherwise set aside.

Yes

No

If yes, please explain the outcome and current status for each action. You must provide documentation including the following: charging document, probable cause affidavit, plea agreement, final order of the court.

2. Have you ever been arrested for or accused of violations of law or the subject of any investigation of a violation of law, including, but not limited to, all felonies, misdemeanors, infractions, juvenile matters, military matters and anything else? Include matters that have been dismissed, subject to a diversion or deferred prosecution program, or otherwise set aside. Do not report any arrest or conviction that has been expunged by a court pursuant to Indiana Code sec. 35-38-9.

Yes

No

If yes, you must provide documentation including the following: charging document, probable cause affidavit, plea agreement, final order of the court.

## Letters of Reference

*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 following contact information for each these references.*

**1 Name**

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Address

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City State Zip Code

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Phone Email Address

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**2 Name**

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Address

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City State Zip Code

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Phone Email Address

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**3 Name**

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Address

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City State Zip Code

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Phone Email Address

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## Affirmation and Signature

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.

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Signature

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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)*

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Signature

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Printed Name

Dated this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

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Street Address, City, County, State, Zip

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Phone number, Alternative phone number