

**Montgomery County Circuit Court
Mediator Application
Pursuant to Title 17 of the Maryland Rules**

Please e-mail this application to MCCCMediatorApp@mdcourts.gov with supporting documentation.

APPLICANT INFORMATION

<u>APPLICANT INFORMATION</u>				
<input type="text"/>	<input type="text"/>	<input type="text"/>		
NAME: Last	First	Middle		
HOME ADDRESS:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number and Street	City	State	Zip Code	
BUSINESS ADDRESS:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number and Street	City	State	Zip Code	
TELEPHONE NUMBERS: (Enter Numbers only)				
Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>		
FAX NUMBERS: (Enter Numbers only)				
Home <input type="text"/>	Work <input type="text"/>			
E-MAIL ADDRESS: <input type="text"/>				

I am interested in mediating cases from the following circuit courts:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Allegany | <input type="checkbox"/> Charles | <input type="checkbox"/> Prince George's |
| <input type="checkbox"/> Anne Arundel | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Queen Anne's |
| <input type="checkbox"/> Baltimore City | <input type="checkbox"/> Frederick | <input type="checkbox"/> Saint Mary's |
| <input type="checkbox"/> Baltimore Couty | <input type="checkbox"/> Garrett | <input type="checkbox"/> Somerset |
| <input type="checkbox"/> Calvert | <input type="checkbox"/> Harford | <input type="checkbox"/> Talbot |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Howard | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Caroline | <input type="checkbox"/> Kent | <input type="checkbox"/> Wicomico |
| <input type="checkbox"/> Cecil | <input type="checkbox"/> Montgomery | <input type="checkbox"/> Worcester |

Please describe the types of cases and number of cases you have mediated within the past twelve months.

Case Type (e.g., divorce, personal injury)	Number of Cases	% Court-Referred	% Resolved

Please identify your areas of expertise. (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Breach of Contract | <input type="checkbox"/> Legal Malpractice |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Medical Malpractice |
| <input type="checkbox"/> Community/Neighborhood Association | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Custody/Visitation | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Divorce/Marital Property | <input type="checkbox"/> Trusts and Estates |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Labor and Employment | |

Other:

QUALIFICATIONS

<input type="checkbox"/> I am at least 21 years old.
<input type="checkbox"/> I have completed at least 40 hours of basic mediation training.
<input type="checkbox"/> I am familiar with the Maryland rules, statutes, and practices governing mediation in the circuit courts.
<input type="checkbox"/> I have mediated or co-mediated at least two civil cases.
For mediators seeking referrals of business and technology cases , I have also, within the two years preceding my application, served as a mediator in at least five (5) non-domestic civil mediations, at least two of which involved types of conflicts assigned to the business and technology track.
For mediators seeking referrals of divorce cases , I have also completed at least 20 hours of skill-based training in economic issues in divorce and annulment cases and I have served as a mediator or co-mediator in at least two cases involving marital property/economic issues.
For mediators seeking referrals of medical malpractice cases , I have also within the two years preceding my application, served as a mediator in at least five (5) non-domestic civil mediations, at least two of which involved types of conflicts involving medical malpractice and I am knowledgeable about medical malpractice claims through experience, training or education.

EDUCATION

Please list colleges, universities and other higher education institutions attended.

<u>Institution</u>	<u>City</u>	<u>State (Country)</u>	<u>Dates Attended</u>		<u>Degree Attained</u>	<u>Major</u>
			<u>From</u>	<u>To</u>		

MEDIATION TRAINING

<u>Total Hours</u>	<u>Trainer/Organization</u>	<u>Location</u>	<u>Date</u>

ETHICS, MONITORING PROCEDURES AND OTHER REQUIREMENTS

<input type="checkbox"/>	I agree to abide by a Code of Ethics approved by the Court of Appeals, to submit to periodic monitoring of court-ordered mediation sessions by a qualified mediator designated by the county administrative judge, and to comply with reasonable procedures and requirements prescribed in the court's case management plan relating to diligence and quality assurance.
<input type="checkbox"/>	I am willing to accept a reasonable number of referrals on a reduced fee or pro bono basis upon request by the court.
<input type="checkbox"/>	I agree to be responsible for finding an appropriate (if necessary, ADA accessible) location for mediation sessions that is convenient for the parties.

OTHER OCCUPATIONS

Please list any other occupations that you have or have had (within the last ten (10) years) that may assist in your performance of duties as a mediator.

PROFESSIONAL AFFILIATIONS/COMMUNITY ACTIVITIES

Please list any professional affiliations and/or community activities that you consider relevant to your designation as a mediator.

LANGUAGE FLUENCY

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CRIMINAL OR DISCIPLINARY ACTIONS - PENDING COMPLAINTS

- A) Have you ever been convicted of any crime in Maryland or elsewhere other than a minor traffic violation? Yes No

If yes, please provide details including the conviction date, the location and name of the court, the offense, and the sentence imposed.

- B) Are there currently any criminal charges pending against you in Maryland or elsewhere other than minor traffic violations?

Yes No

If, yes please provide details including the date of the alleged incident, the location and name of the court and the alleged offense.

- C) Have you ever been disciplined by any court, administrative agency, bar association, or other disciplinary committee, agency or group in Maryland or elsewhere for unethical conduct or for the violation of any code of ethics?

Yes No

If yes, please provide details including the date, the disciplinary body, the conduct at issue and the disciplinary action taken.

- D) Are there any complaints or charges currently pending against you by any court, administrative agency, Bar Association, or other disciplinary committee, agency or group in Maryland or elsewhere for unethical conduct or for the violation of any Code of Ethics?

Yes No

If yes, please provide details including relevant dates, the conduct at issue and the disciplinary body involved.

DOCUMENTATION - CHECKLIST

I have attached the following:

<input type="checkbox"/> A copy of my driver’s license, state identification card, passport or other official signed photo identification as proof that I am at least 21 years old.
<input type="checkbox"/> A copy of a certificate or other proof documenting my completion of at least 40 hours of mediation training that meets the requirements of Maryland Rule 17-104.
<input type="checkbox"/> Copies of any additional certificates documenting my completion of the additional training required to mediate divorce cases, business and technology cases, or medical malpractice cases, if applicable. Please see Maryland Rule 17-205.
<input type="checkbox"/> A copy of my resume, references, or other information to support my application.

INCLUSION OF INFORMATION ON THE COURT'S WEBSITE

<p>I consent to the court posting the following information on the court's website :</p> <p><input type="checkbox"/> Name</p> <p><input type="checkbox"/> Home address</p> <p><input type="checkbox"/> Business address</p> <p><input type="checkbox"/> E-mail address</p> <p><input type="checkbox"/> Business telephone</p>
<input type="checkbox"/> I DO NOT consent to the court posting my information on the court's website.

I hereby represent that all information provided by me in this application is true and correct:

<p>WHEN EMAILING THIS APPLICATION, PLEASE ACKNOWLEDGE THE ABOVE NOTICE BY TYPING YOUR INITIALS IN THE BOX TO THE RIGHT:</p>	
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Signature of Applicant: _____ Signature Date:

Being listed for designation as a mediator does not guarantee that you will receive any case referrals from the circuit court, nor does it establish court employee status for mediators. Please read Maryland Rules 17-101 through 17-108 containing circuit court rules applicable to alternative dispute resolution and to being listed for designation as a mediator.

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