

### Superior Court of California County of Ventura

# COURT-ORDERED CIVIL MEDIATION PROGRAM MEDIATOR APPLICATION

	CONTACT INFORM	<b>NATION</b>	
Name			Date
Address			
City			
Telephone (Office)	(N	1obile)	
E-Mail Address			
	Occupatio	N	
Current Occupation			
Employed by			
Address			
City	(Mars Parkla)	_ State	Zip Code
How Long			Since
	Education	N .	
School/College (Undergraduate)	Course of Study	<u>Dates</u>	<u>Degree/Certificates</u>
Graduate/Law School)			

### **M**EDIATION **E**XPERIENCE

List Mediation Training Program Co ADR Training Organization Tra	ompleted: (A iner Name	(Attach copies of certificates)  # of Hours Dates		
Are you Currently a Mediator?	Yes	No		
In Private Practice	Yes	No		
With a Voluntary Agency	Yes	No		
With a Superior Court  If yes, list where:	Yes	No		
List Mediation Organization/Agend	•		-	
Dates Location & Telephone	Type of Cases	# of Cases	<u>Total Hours</u>	
List Agencies or Organizations for	which vou are a	n Approved Media	ntor:	
Describe your areas of Expertise/E	xperience/Inter	ests related to Me	diation	
Bankruptcy		Family Law		
Breach of Contract		HOA and CC&R		
Business/Partnership		Medical Malpractice		
Civil Rights		Personal Injury		
Code Enforcement		Probate		
Construction Defect		Product Liability		
Discrimination		Real Estate		
Employment/Labor		Unlawful Detainer		
Environmental		Other:		

### VERIFICATION OF CIVIL MEDIATION EXPERIENCE

List at least four (4) cases mediated within the past two (2) years.

1) Case No		
Mediation Date	Length of Mediation	(at least 2 hrs)
Name of Plaintiff(s)		
Name of Defendant(s)		
Brief Description of Case		
Mediation Outcome: Full Settlement	Partial Settlement	No Settlement
Organization	(If applicable)	
Evaluator/mentor mediator _		Telephone No
<b>2)</b> Case No		
Mediation Date	Length of Mediation	(at least 2 hrs)
Name of Plaintiff(s)		
Name of Defendant(s)		
Brief Description of Case		
Mediation Outcome: Full Settlement	(If applicable)	No Settlement
Organization	Co-Mediator	Name
Evaluator/mentor mediator _		Telephone No

<b>3)</b> Case No		
Mediation Date	Length of Mediation	(at least 2 hrs)
Name of Plaintiff(s)		
Name of Defendant(s)		
Brief Description of Case		
Mediation Outcome: Full Settlement Organization	(If applicable)	
Evaluator/mentor mediator		Telephone No
<b>4)</b> Case No		
Mediation Date	Length of Mediation	(at least 2 hrs)
Name of Plaintiff(s)		
Name of Defendant(s)		
Brief Description of Case		
Mediation Outcome: Full Settlement		No Settlement
Organization	(If applicable)Co-Mediator	Name
Evaluator/mentor mediator		Telephone No

## PROFESSIONAL EXPERIENCE List Prior Occupation(s) or Business Experience: Dates of Employment Employer Position Are you licensed in other professions or occupations? **Occupation Licensing Agency** <u>State</u> License No. Current Membership(s) in Professional Organizations: Organization Position Dates Multi-Lingual Abilities: Fluency in Languages other than English? Yes \_\_\_\_\_ No \_\_\_\_\_ <u>Degree of Fluency</u> <u>Language</u> Have you been convicted of a felony and/or a misdemeanor involving moral turpitude? Yes \_\_\_\_ No \_\_\_. (If so, explain:) Other Relevant Information: (Use a separate sheet if needed.)

#### **ALTERNATIVE QUALIFICATION REQUEST**

### (If applicable)

An applicant seeking placement on the Court's Civil Mediator list who does not meet all the education, training, and experience requirements may still qualify if the applicant provides evidence of other sufficient education, training, skills and/or experience satisfactory to the court's ADR Program Committee and Presiding Judge.

Please describe in detail below (and attach separate sheets if necessary) such other education, training, experience and/or skills:

### **REFERENCES**

List the Names of two (2) Reference experience. (Include at least two	ices (non-family) relating to your Mediation professional references)
<b>1)</b> Name	Position
Organization	
Address	
Telephone Number (Work)	(Mobile)
Describe Relationship	
	Position
Organization	
Address	
Telephone Number (Work)	(Mobile)
Describe Relationship	
	VERIFICATION
By my signature below I declare provided in this application is acc	e under penalty of perjury that the information urate and complete.
Signature	Date