APPLICATION FOR APPROVAL TO SERVE AS FAMILY DIVISION MEDIATOR

The undersigned, being first duly sworn, provides this Court with the following information to be granted permission to serve as a family division mediator for the Circuit Court of the Twenty Second Judicial Circuit, McHenry County, Illinois:

- **I.** Applicant has been awarded one or more of the following:
 - **a.**) \Box A degree in law.

OR

- - □ Psychiatry
 - Psychology
 - Social work
 - Human Development
 - □ Family Counseling
 - Other behavioral science substantially related to marriage and family interpersonal relationships. (specify:)
- 2. I have a valid license from the State of Illinois to practice my profession, proof of which is attached as **Exhibit A** (copy of certificate).
- **3.** I have satisfactorily completed a 40-hour divorce mediation training program, approved by the Association for Conflict Resolution or otherwise approved by the Court, proof of which is attached as **Exhibit B** (copy of certificate).
- 4. In addition (or as part of such 40-hour program), I have completed at least three (3) hours of training specific to domestic violence, child abuse, substance abuse and mental illness, proof of which is attached as **Exhibit C** (copy of certificate). I understand that the presence of domestic violence, child abuse, substance abuse and/or mental illness may impair the abilities of the parties to negotiate safely and effectively when impacted by one or more of these impairments.

- 5. I have professional liability insurance which covers the mediation process, proof of which is attached as **Exhibit D** (copy of the declarations page and any additional documentation to verify that your policy expressly covers mediation).
- 6. a.) I have a minimum of two (2) years of work experience in my discipline or profession; OR
 - **b.**) I do not have a minimum of two (2) years of experience in my discipline or profession, but I will be supervised by ________, a qualified mediator on the Court's list of approved Family Division Program Mediators.
- 7. I have read and understand the Family Division Mediation Program Rules, Part 18.00 *et. seq.*, for the Circuit Court of the Twenty Second Judicial Circuit, McHenry County, Illinois, including but not limited to, the eligibility requirements for mediators, continuing education requirements (6 hours every two years), low income cases, and conflicts of interest and impartiality, **AND**:
 - a.) I have completed an approved orientation for the family division mediation program; OR
 - b.) ☐ I will attend the orientation as soon as it is offered by the Family Mediation AdvisoryCouncil for the Circuit Court of the 22nd Judicial Circuit, McHenry County, Illinois.
- 8. I will submit proof to the Presiding Judge of the Family Division of completing the required continuing education pursuant to Local Rule 18.04(c) every two years to remain eligible as a family division mediator on the court's approved list.
- **9.** I am a member in good standing in one or more professional organization(s) of my discipline, listed as follows:

- **10.** If there are languages besides English in which you can competently conduct mediation, please list them here:
- **11.** Please state the hourly rate which you intend to charge for mediation: **§**______.

12. A copy of my curriculum vitae is attached as **Exhibit E**.

I respectfully request that the Court review my application, and if I am found to be qualified and eligible under Local Court Rule 18.04, that I be placed on the Court's list of approved Family Division Mediators. If approved, I agree to be bound by the Family Mediation Program Rules of the Circuit Court of the Twenty Second Judicial Circuit, McHenry County, Illinois, including the publication of my name and business address in the Court's written and electronic materials.

Submitted:

	 APPLICANT
Name:	 _
Address:	
	-
	 -
Phone:	 _
Fax:	 _
E-mail:	 -

Verification by Certification

I,______, have read the foregoing Application, have personal knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

APPLICANT

Dated:_____, 201____