

STATE OF NORTH CAROLINA

**APPLICATION
FOR CERTIFICATION TO CONDUCT
SUPERIOR COURT MEDIATIONS**

G.S. 7A-38.1; Rule 8 Rev. Rules Of Med. Set. Conf.

| | | |
|-------------------------------|---------------------|---------------|
| Name And Address Of Applicant | Social Security No. | Date Of Birth |
| | Telephone No. | Fax No. |
| | E-Mail Address | |

INSTRUCTIONS: Attorneys licensed in North Carolina complete Section I. Other attorney applicants complete Section II. Non-attorney applicants complete Section III. All applicants must complete Sections IV., V. and VI. Please type or print and mail along with the required attachments to the N. C. Dispute Resolution Commission, P. O. Box 2448, Raleigh, NC 27602.

I apply for certification as a mediator to conduct Mediated Settlement Conferences in Superior Court civil cases pursuant to G.S. 7A-38.1 and the Supreme Court of North Carolina's Rules Governing Mediated Settlement Conferences in Superior Court Civil Actions.

SECTION I. REQUIREMENTS FOR CERTIFICATION OF ATTORNEYS LICENSED IN N. C.

Complete this section only if you are an attorney licensed in North Carolina applying for certification to conduct mediated settlement conferences.

1. BAR ADMISSION

I am a member in good standing of the North Carolina State Bar. Rule 8.B.(1)(a)(i).

| | |
|-------------------|------------------------|
| Date Of Admission | North Carolina Bar No. |
|-------------------|------------------------|

I am am not currently suspended or disbarred from the practice of law by the attorney licensing authority of any state. Rule 8.B.(1).

2. WORK EXPERIENCE

I have at least five years experience as a judge, practicing attorney, law professor, mediator or equivalent experience. Rule 8.B.(1)(b). Following is the experience I wish considered:

| | Date | Jurisdiction/Address | Briefly Describe Experience |
|--|------|----------------------|-----------------------------|
| <input type="checkbox"/> Judge | | | |
| <input type="checkbox"/> Practicing Attorney | | | |
| <input type="checkbox"/> Law Professor | | | |
| <input type="checkbox"/> Mediator | | | |
| <input type="checkbox"/> Other | | | |

3. TRAINING

I have completed at least 40 hours of trial court mediation training in a program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

| | | |
|---------------|-------------------|-----------------------|
| Program Title | Date Of Admission | Training Conducted By |
|---------------|-------------------|-----------------------|

NOTE: If the program you attended has not been certified by the Dispute Resolution Commission, please submit copies of the program agenda, trainer resumes, and all course materials.

SECTION II. REQUIREMENTS FOR CERTIFICATION OF ATTORNEYS LICENSED IN OTHER STATES

Complete this section only if you are a licensed attorney not admitted in North Carolina, applying for certification to conduct mediated settlement conferences.

1. BAR ADMISSION

I am a member in good standing of the Bar of the following state. Rule 8.B.(1)(a)(ii).

| | | |
|-------------------|-------|---------|
| Date Of Admission | State | Bar No. |
|-------------------|-------|---------|

I am am not currently suspended or disbarred from the practice of law by the attorney licensing authority of any state. Rule 8.B.(1).

2. WORK EXPERIENCE

I have at least five years experience as a judge, practicing attorney, law professor, mediator or equivalent experience. Rule 8.B.(1)(b). Following is the experience I wish considered:

| | Dates | State/Jurisdiction/Address | Briefly Describe |
|--|-------|----------------------------|------------------|
| <input type="checkbox"/> Judge | | | |
| <input type="checkbox"/> Practicing Attorney | | | |
| <input type="checkbox"/> Law Professor | | | |
| <input type="checkbox"/> Mediator | | | |
| <input type="checkbox"/> Other | | | |

3. TRAINING

(a) I have completed at least 40 hours of trial court mediation training in a program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

| Program Title | Date | Training Conducted By |
|---------------|------|-----------------------|
| | | |

NOTE: If the program you attended has not been certified by the Dispute Resolution Commission, please submit copies of the program agenda, trainer resumes, and all course materials.

(b) Attach to your application a letter reciting efforts you have taken to familiarize yourself with North Carolina court structure, legal terminology, and civil court procedure. The letter must be signed by you. Rule 8.B.(1)(a)(ii). The Commission reserves the right to request additional information.

4. LETTERS OF REFERENCE

Attach to this Application three letters of reference attesting to your good character, including at least one letter from a person with knowledge of your practice as an attorney. Rule 8.B.(1)(a)(ii).

SECTION III. REQUIREMENTS FOR CERTIFICATION OF NON-ATTORNEYS

Complete this section only if you are a non-attorney applying for certification to conduct mediated settlement conferences.

NOTE: Complete only subsection 1 or subsection 2 below. All non-attorney applicants must complete subsections 3, 4, 5, and 6.

1. TRAINING EDUCATION AND EXPERIENCE

(a) I have completed twenty (20) hours of basic mediation training provided by a trainer acceptable to the Dispute Resolution Commission. Rule 8.B.(2)(c)(i).

| Program Title | Name Of Trainer | Sponsoring Organization | Date |
|---------------|-----------------|-------------------------|------|
| | | | |

NOTE: If you cannot provide exact information on this course, provide proximate information. If you have a copy of the agenda or a certificate evidencing your participation, please attach a copy. The Commission reserves the right to make further inquiry about the

(b) After completing the 20-hour training above, I have mediated at least thirty (30) disputes over the course of at least three years, or equivalent experience. Rule 8.B.(2)(c)(i).

| Year | No. Of Cases Mediated | Practice, Office Or Agency For Which You Conducted The Mediations: |
|------|-----------------------|--|
| | | |
| | | |
| | | |

NOTE: If you have experience equivalent to mediation experience, please set forth your equivalent experience in a letter attached to this Application. The Commission reserves the right to request additional information about your mediation or equivalent experience.

You may complete either (c) or (d) below, but you need not complete both.

(c) I possess a four year degree from an accredited college or university. Rule 8.B.(2)(c)(i). (Attach a copy of your diploma or certified transcript.)

| Name And Address Of College Or University | Date Of Graduation |
|---|--------------------|
| | |

(d) I possess at least four years of management or administrative experience in a professional, business, or governmental entity. Rule 8.B.(2)(c)(i). Please attach a copy of a resume or a letter highlighting the experience you wish considered. The Commission reserves the right to request additional information.

You need not complete subsection 2 if you completed subsection 1 above.

2. EXPERIENCE

I possess at least ten (10) years of management or administrative experience in a professional, business, or governmental entity. Rule 8.B.(2)(c)(ii). Please attach a copy of a resume or a letter highlighting the experience you wish the Commission to consider. The Commission reserves the right to request additional information about your experience.

3. OBSERVATIONS

These observations must be completed in addition to the two observations required by Rule 8.C. Rule 8.2.(d).

| Date Of Observation | County Where Case Observed Was Filed | Name Of Mediator | Case/File No. Of Case Observed |
|---------------------|--------------------------------------|------------------|--------------------------------|
| | | | |
| | | | |
| | | | |

NOTE: Mediations must be conducted by at least two different mediators. At least one of these mediations must be of a court ordered Superior Court case; the others may be of a case pending before the North Carolina Industrial Commission, the North Carolina Office of Administrative Hearings, North Carolina Superior Court, the U.S. District Courts for North Carolina. Cases must be observed from beginning to settlement or impasse.

4. SUPERIOR COURT TRAINING

a. I attended and completed at least forty (40) hours of trial court mediation training in a program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

| Program Title | Date | Training Conducted By |
|---------------|------|-----------------------|
| | | |

NOTE: If the program you attended has not been certified by the Commission, please submit copies of the program agenda, trainer resumes, and all course materials.

b. I attended and completed at least six (6) hours of training on North Carolina court organization, legal terminology, civil court procedure, the attorney-client privilege, the unauthorized practice of law, and common legal issues arising in Superior Court, conducted by a trainer certified by the Commission. Rule 8.B.(2)(a). (Attach a copy of your certificate of training.)

5. LETTERS OF REFERENCE

Attach to this Application three letters of reference attesting to your good character, including at least one letter from a person with knowledge of your experience claimed in Rule 8.B.(2)(c). Rule 8.B.2(b).

6. PROFESSIONAL STANDING

If I am a professional, I am currently a member in good standing of my profession and my license to practice my profession has not been suspended or revoked, nor have I been disbarred by an attorney licensing authority in any state.

Yes No Not Applicable

SECTION IV. OBSERVATIONS - TO BE COMPLETED BY ALL APPLICANTS

(All applicants must complete this section)

OBSERVATIONS

I have observed two mediated settlement conferences conducted by a mediator certified in North Carolina, at least one of which was ordered by a Superior Court. Rule 8.C.(1) and (2). [Attach a copy of your certificates of observation signed by the mediator(s).]

| Date Of Observation | County Where Case Observed Was Filed | Name Of Mediator | Case/File No. Observed |
|---------------------|--------------------------------------|------------------|------------------------|
| | | | |
| | | | |

NOTE: Domestic cases will not be considered and the mediation must have been observed from beginning through settlement or impasse.

SECTION V. FARM/YEAR 2000 MEDIATION - TO BE COMPLETED BY ALL APPLICANTS

(All applicants must complete this section)

1. **PRE-LITIGATION FARM NUISANCE MEDIATION PROGRAM**

I am am not willing to be appointed or selected to conduct farm mediations pursuant to G.S. 7A-38.3.

2. **PRE-LITIGATION YEAR 2000 MEDIATION PROGRAM**

I am am not willing to be appointed or selected to conduct Year 2000 mediations pursuant to G.S. 66-280.

NOTE: Rules and forms will be sent to those indicating their willingness to participate in these programs.

SECTION VI. AVAILABILITY - TO BE COMPLETED BY ALL APPLICANTS

(All applicants must complete this section)

1. INDICATE DISTRICTS IN WHICH YOU WISH TO MEDIATE UPON PARTY SELECTION:

- All Districts
- Select Districts *(Review the attached map and list districts below.)*

2. INDICATE DISTRICTS IN WHICH YOU ARE WILLING TO ACCEPT COURT APPOINTMENTS TO MEDIATE:

- All Districts
- Select Districts *(Review the attached map and list districts below.)*

NOTE: The Commission encourages all mediators to accept court appointments in at least one judicial district.

SECTION VII. CHARACTER

1. AUTHORIZATION AND RELEASE

- (a) **ATTORNEY/JUDGE APPLICANTS:** I hereby authorize and request that the North Carolina State Bar, North Carolina Judicial Standards Commission, and/or the disciplinary agency of any other state in which I am licensed or have been licensed to practice or have served as a member of the judiciary, to provide to the North Carolina Dispute Resolution Commission information on all complaints filed against me, including but not limited to those administratively dismissed and those resulting in non-public discipline.

Applicant's North Carolina Bar ID No. _____

If licensed to practice law in other states, complete the following:

| State | Name Of Disciplinary Agency | Address | Telephone No. | Attorney's ID No. |
|-------|-----------------------------|---------|---------------|-------------------|
| | | | | |
| | | | | |

- (b) **OTHER APPLICANTS:** I hereby authorize the licensing/certification or disciplinary agency(ies) listed below to provide to the North Carolina Dispute Resolution Commission information regarding the status of my license/certification and all complaints filed against me, including but not limited to those administratively dismissed or resulting in non-public discipline.

North Carolina Professional License/Certification No. _____

List name, address and telephone number of the North Carolina licensing/certifying agency:

If licensed/certified in other states, complete the following:

| State | Name Of Disciplinary Agency | Address | Telephone No. | Applicant's ID No. |
|-------|-----------------------------|---------|---------------|--------------------|
| | | | | |
| | | | | |

(c) **ALL APPLICANTS WHO HAVE SERVED AS A NEUTRAL IN OTHER STATES:** I hereby authorize any entity responsible for qualifying and regulating the conduct of neutrals in any state where I served as a neutral, whether I was qualified by that state or not, to provide to the North Carolina Dispute Resolution Commission copies of all complaints filed against me in that state, including but not limited to those administratively dismissed or resulting in non-public discipline.

List all states in which you have served as a mediator or other neutral: _____

List agencies responsible for licensing/disciplining mediators or other neutrals in the above states:

| State | Name Of Licensing/Disciplinary Agency | Address | Telephone No. |
|-------|---------------------------------------|---------|---------------|
| | | | |
| | | | |

| | |
|------|------------------------|
| Date | Signature Of Applicant |
|------|------------------------|

2. CRIMINAL CONVICTIONS/DISCIPLINARY ACTIONS

(a) Have you ever been convicted of a crime (excluding infractions)? Yes No (if yes, please explain)

(b) Have you ever been subjected to any disciplinary action by any professional/regulatory agency or are there any complaints pending against you? Yes No (if yes, explain)

(c) Have your professional privileges been suspended or revoked in any state at any time?
 Yes No (if yes, please explain)

CERTIFICATION

I, the undersigned, certify that I have given true, accurate and complete information on this Application to the best of my knowledge. I am of good moral character, I will adhere to all ethical rules and other rules adopted by the Dispute Resolution Commission and all rules adopted by the Supreme Court of North Carolina for mediation of civil cases, and I agree to mediate indigent cases without pay.

| | |
|--|---|
| SWORN AND SUBSCRIBED TO BEFORE ME | Date |
| Date | Signature Of Applicant |
| Signature | Name And Address Of Applicant (Type Or Print) |
| Title Of Person Authorized To Administer Oaths | |
| SEAL <small>Date Commission Expires</small> | |

FOR COMMISSION USE ONLY

Pursuant to G.S. 7A-38.1 and the Supreme Court of North Carolina's Rules Governing Mediated Settlement Conferences, you are certified as a mediator to conduct trial court ordered mediated settlement conferences in superior court civil cases.

| | | |
|------|----------------------|-----------|
| Date | Name (Type Or Print) | Signature |
|------|----------------------|-----------|