

CERTIFIED MEDIATOR PROFILE (SUPERIOR COURT)

INSTRUCTIONS: *Type all responses in black ink using standard type. Do not add additional pages. Return one copy of the completed form to the N. C. Dispute Resolution Commission, P. O. Box 2448, Raleigh, NC 27602.*

NAME: _____

FIRM: _____

ADDRESS: _____

TELEPHONE: Office: () _____ **Home:** () _____

E-MAIL: _____ **FAX:** () _____

DATE OF CERTIFICATION: _____

NUMBER OF YEARS EXPERIENCE IN DISPUTE RESOLUTION: _____

DESCRIPTION OF EDUCATION:

DESCRIPTION OF DISPUTE RESOLUTION TRAINING:

DESCRIPTION OF EXPERIENCE IN DISPUTE RESOLUTION: *(Including approximate number of cases mediated or arbitrated.)*

DESCRIPTION OF ADDITIONAL SKILLS, TRAINING OR EXPERIENCE RELEVANT TO SERVICE AS A MEDIATOR:

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

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

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.)*

PRELITIGATION FARM NUISANCE MEDIATION PROGRAM:

- I **AM** willing to be appointed or selected to conduct farm mediations.
- I **AM NOT** willing to be appointed or selected to conduct farm mediations.

PRELITIGATION YEAR 2000 MEDIATION PROGRAM:

- I **AM** willing to be appointed or selected to conduct Year 2000 mediations.
- I **AM NOT** willing to be appointed or selected to conduct Year 2000 mediations.

Date

Name (Type Or Print)

Signature