

STATE OF NORTH CAROLINA

APPLICATION FOR CERTIFICATION TO CONDUCT FAMILY FINANCIAL MEDIATIONS

G.S. 7A-38.4A; Rules Implementing Settlement Pro. In Family Fin. Cases

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

INSTRUCTIONS: Please type or print and mail this form with the required attachments to the N.C. Dispute Resolution Commission, P.O. Box 2448, Raleigh, NC 27602. The Commission reserves the right to request additional information from applicants as needed to process this Application.

SECTION I. EXPERIENCE

NOTE: All applicants must complete **either** Subsection 1 or Subsection 2.

1. I am applying as an Advanced Practioner member of the Association for Conflict Resolution. Rule 8.A.1. (Attach a copy of your certificate from the Association.)
2. I am applying as an Attorney or Judge with Mediation Training (Rule 8.A.2.) (Check the appropriate boxes below and supply the information requested.)

- a. (i) I am applying as a NC licensed attorney in good standing or as a judge of the NC General Court of Justice:

Date Of Admission	NC Bar No.
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- (ii)

Date Of Admission	State	Bar No.
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- Though not licensed in North Carolina, I am familiar with North Carolina court structure, legal terminology and civil procedure. Please describe steps you took to familiarize yourself. _____

- b. I am, am not, currently suspended or disbarred from the practice of law by the licensing authority of any state. I have have not been forced to forfeit my license in any state.
- c. I have **four** year's experience as a licensed attorney or a judge of the General Court of Justice. Following is the experience I wish considered.

	Dates	Jurisdiction/Address	Describe Experience
<input type="checkbox"/> Judge			
<input type="checkbox"/> Attorney			

SECTION II. TRAINING

Applicants applying under Section I.1 above must complete subsections 1, 2, and 3 below. Applicants applying under Section I.2. above must complete subsection 4 below. All non-attorney applicants must complete subsection 5.

1. I am familiar with the statutes, rules, and practice governing mediated settlement conferences. Rule 8.E.and Rule 9.A.(5)*
2. I am familiar with North Carolina Family Law. Rule 9.A.(8)*
3. I am familiar with N.C. Standards of Professional Conduct for Mediators (Rule 9.A.(4)) and 8.E*
* Please indicate when and where you received training on NC Program Rules, NC Family Law and the NC Standards of Professional Conduct for Mediators: _____
4. I have completed a forty (40) hour family and divorce mediation training approved by the Dispute Resolution Commission. Rule 8.A.2. (Attach a copy of your certificate of training.)* *

Program Title	Date Completed	Training Conducted By
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* * If the 40-hour mediation training you completed has not been approved by the Commission, you must contact the Commission's office to demonstrate that your training substantially complies with Rule 9.

(Over)

(This subsection is to be completed by all non-attorney applicants. Non-attorneys who are certified to conduct superior court mediations, may list the six-hour training they completed prior to that certification.)

5. I have completed a six-hour training on North Carolina legal terminology, court structure and civil procedure by a trainer certified by the Dispute Resolution Commission. Rule 8.B. *(Attach a copy of your certificate of training.)*

Program Title	Date	Training Conducted By
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SECTION III. OBSERVATIONS - TO BE COMPLETED BY ALL APPLICANTS

- I have observed the following five (5) mediations as a neutral observer with the permission of the parties. At least three of these mediations must involve custody or family financial issues and be conducted by a mediator who is certified pursuant to these rules, or who is an Advanced Practitioner Member of the Association for Conflict Resolution or who mediates for the Administrative Office of the Courts' Custody and Visitation Mediation Program (Rule 8.D.(1)). The two remaining mediations may be of mediated settlement conferences ordered by a Superior Court, the NC Office of Administrative Hearings, the NC Industrial Commission, or the US District Court for NC, and conducted by a Certified Superior Court Mediator (Rule 8.D.(2)).

Date Of Observation	Name Of Mediator Observed	County In Which Observation Completed	Hours Spent At Mediation	Case/File No. If Applicable

SECTION IV. LETTERS OF REFERENCE

INSTRUCTIONS: *Complete this section only if you are not licensed to practice law in North Carolina or are not an attorney.*

- I have attached to my application three letters of reference as to my good character and experience as required by Rule 8.A.2.(b) and 8.C.

SECTION V. 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) **NON-ATTORNEY 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 any professional license/certification that I hold and information on 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.

(Over)

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

SECTION VI. AVAILABILITY

INSTRUCTIONS: All applicants must complete this section.

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

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

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

- (All applicants must agree to accept court appointments in at least one district. Rule 8.J.)
- All Judicial Districts
- Selected Districts (Review the attached map and list districts below.)

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 continuing mediator education, standards of professional conduct, and other rules adopted by the Dispute Resolution Commission and all rules adopted by the Supreme Court of North Carolina for mediation of equitable distribution and other family financial cases, and I agree to mediate indigent cases without pay.

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

FOR COMMISSION USE ONLY

Pursuant to G.S. 7A-38.4A and the Supreme Court of North Carolina's Rules Implementing Settlement Procedures in Equitable Distribution and Other Family Financial cases, you are certified as a mediator to conduct court ordered mediated settlement conferences in equitable distribution and other family financial cases.

Date	Name (Type Or Print)	Signature
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