

OFFICE OF THE EXECUTIVE SECRETARY OF THE SUPREME COURT OF VIRGINIA

APPLICATION FOR MEDIATOR CERTIFICATION

This application will be considered pursuant to certification criteria established by the Judicial Council of Virginia and without regard to race, color, political affiliation, national origin, disability, sex or age. If you have any questions or comments, please contact Dispute Resolution Services at disputeresolution@vacourts.gov, or call 804-786-6455.

Section 1. General Information				
PREFIX	FIRST NAME	MI	LAST NAME	SUFFIX
BUSINESS NAME		LAST 4 DIGITS OF SSN		
MAILING ADDRESS (INCLUDE APARTMENT NUMBER, IF APPLICABLE)		CITY	STATE	ZIP CODE
EMAIL ADDRESS		PHONE NUMBER		This number is
				<input type="checkbox"/> Office <input type="checkbox"/> Home

Section 2. Certifications Sought	
1. Are you currently, or have you been at any point, certified to mediate court-referred cases in Virginia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification Number (if YES above)	
2. Check each level of certification for which you are applying. You MUST include the appropriate checklist (ADR-1000C) for each level sought.	
<input type="checkbox"/> General District Court	<input type="checkbox"/> Juvenile and Domestic Relations
<input type="checkbox"/> Circuit Court – Civil	<input type="checkbox"/> Circuit Court – Family

Section 3. Education				
If you answered "YES" to question 1 in Section 2, you may skip this section				
1. Do you have a bachelor's degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "NO" to the previous question, you must attach evidence of having been granted a waiver by DRS. Please contact drsapplications@vacourts.gov with questions.				
2. Colleges, Universities, Graduate, and Professional Schools Attended				
School	City/State	Dates Attended From To	Degree(s) Attained (e.g. BA, JD, etc.)	Major

Section 4. Professional Affiliations	
1. Bar number, if you are a member in good standing of the Virginia State Bar.	
2. Please list all professional affiliations which you consider relevant to your application.	

Section 5. Background

You may include additional sheets of paper, if needed.

1. Have you ever been convicted of a felony, a misdemeanor (includes reckless and aggressive driving), a traffic violation resulting in suspension or revocation of a driver's license, or a DUI/DWI? <i>Conviction includes guilty or nolo contendere pleas.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "YES" to question 6 above, list below with specific code section(s) violated.	
2. Have you ever 1) had a disciplinary action related to a profession, including mediation (for example, a professional license suspended or revoked); 2) had any professional privileges curtailed; and/or 3) relinquished a professional privilege or license while under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "YES" to question 7 above, describe below.	
3. If you answered "YES" to questions 6 and/or 7 above, please describe the impact, if any, this could have on your ability to provide mediation services.	

Certification

I understand that, in court-referred cases, if there is no orientation session provided for the parties by the court, I will provide an initial orientation session for the parties, and their lawyers if they choose to attend, at no cost to the parties.	Applicant's Initials:
I understand that I am obligated as a condition of my certification to ensure that Forms ADR-1002 Evaluation of Mediation Session(s) and Mediator(s) are provided to all parties referred from the courts.	Applicant's Initials:
I hereby certify that I have read the <u>Standards of Ethics and Professional Responsibility for Certified Mediators</u> adopted by the Judicial Council of Virginia effective July 1, 2011 and do swear or affirm that I will abide by those standards.	Applicant's Initials:
I also hereby certify that the information provided in this application and on all attached forms is true to the best of my knowledge and accurately reflects my qualifications to provide mediation services in cases referred through the court system of the Commonwealth of Virginia. I understand that all information herein is subject to verification.	
Applicant's Signature	Today's Date (mm/dd/yyyy)

Payment

There is a \$25 dollar processing fee associated with this form. Checks or money orders must be made payable to the Treasurer of Virginia . Cash will not be accepted. Select an option below: <input type="checkbox"/> I have included a check or money order. <input type="checkbox"/> I have sent separately a check or money order. <input type="checkbox"/> I would like to be sent a link to the email noted in Section 1 to pay by credit or debit card
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Please send this application by mail or email to:

Dispute Resolution Services
Supreme Court of Virginia
100 N. Ninth Street, Third Floor
Richmond, VA 23219
drsapplications@vacourts.gov