

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
DISPUTE RESOLUTION DEPARTMENT
HAMILTON COUNTY, OHIO

Application for Mediator

Name _____

Street _____

City _____ State _____ Zip _____

Phone () _____ Extension _____

Profession _____ License # _____

EDUCATION

Undergraduate Degree/Major _____

School _____ Date _____

Graduate Degree/Major _____

School _____ Date _____

PROFESSIONAL EXPERIENCE (relevant to accreditation standards)

Organization _____

Address _____

Dates _____ Supervisor _____

Scope of Practice/Population Served _____

Organization _____

Address _____

Dates _____ Supervisor _____

Scope of Practice/Population Served _____

TRAINING IN MEDIATION (Submit copy of certificate from training)

Basic Mediation Training for Court Personnel 12 Hours Required

Instructor(s) _____

of Hours _____ Title of Course _____

Location _____ Date _____

Specialized Family or Domestic Violence Mediation Training 40 Hours Required

Instructor(s) _____

of Hours _____ Title of Course _____

Location _____ Date _____

Domestic Abuse Issue – Training for Mediators and Other Professionals 12 Hours Required

Instructor(s) _____

of Hours _____ Title of Course _____

Location _____ Date _____

PROFESSIONAL ASSOCIATION MEMBERSHIP(S) (Please attach a copy of your resume)

LIABILITY INSURANCE (Enclose copy of endorsement page from the policy)

Name of company _____

Address _____

Agent _____ Dates Effective _____ Amount of Coverage _____

INFORMATION REGARDING YOUR PRACTICE

Office Location(s) _____

Office Hours _____

Fees Charged for Mediation _____

Please sign the statements below:

I agree to provide free services to a maximum of two indigent couples per year and to adhere to the ethical guidelines established by the Academy of Family Mediators.

_____ Date _____