

**CIRCUIT COURT OF THE STATE OF OREGON  
Fourth Judicial District**

**Court-Connected Mediator Application Form**

Qualifications for mediators are based upon the Oregon Judicial Department Court-Connected Mediator Qualifications Rules, issued as Chief Justice Order (CJO) No. 05-028, effective August 1, 2005.

For more information regarding the CJO go to:

[http://www.courts.oregon.gov/courts/multnomah/programs-services/Documents/Mediation\\_CJO\\_05028.pdf](http://www.courts.oregon.gov/courts/multnomah/programs-services/Documents/Mediation_CJO_05028.pdf)

Guidelines for Mediator Applicants can be found at:

[https://www.courts.oregon.gov/courts/multnomah/programs-services/Documents/Mediation\\_GuidelinesForMediatorApplicants.pdf](https://www.courts.oregon.gov/courts/multnomah/programs-services/Documents/Mediation_GuidelinesForMediatorApplicants.pdf)

Instructions for submitting the completed form are at the bottom of the last page of this form.

**Please note: Approved applications will appear on the court website as public information.**

**General Information**

Applicant’s Last Name: \_\_\_\_\_

First Name, Middle Initial: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Business Phone (1): \_\_\_\_\_

Business Phone (2): \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail (1): \_\_\_\_\_

E-Mail (2): \_\_\_\_\_

Website: \_\_\_\_\_

**I Am Applying To Be A:**

General Civil Mediator    \_\_\_\_\_ Yes                        \_\_\_\_\_ No

Probate Mediator    \_\_\_\_\_ Yes                        \_\_\_\_\_ No

Domestic Relations Custody and Parenting Mediator    \_\_\_\_\_ Yes                        \_\_\_\_\_ No

Domestic Relations Financial Mediator    \_\_\_\_\_ Yes                        \_\_\_\_\_ No

I adhere to the following organization’s code(s) of professional ethics (e.g. OMA, OSB, ACR, AAA, etc.):

[Empty text box for organization code(s)]

I certify that I include in my opening remarks to the parties the required information specified in Section 1.4(3) of the CJO. \_\_\_\_\_ (Initials)

## Current Employment Information

## Professional Memberships

**It is required that you attach diplomas, certificates, or other forms of verification for the sections of the application below that contain an asterisk.**

**\* Basic Mediation Training** (verifying certificates or diplomas required)

Basic Mediation Training (Minimum required: 30 hours) [Sections 2.1(1)(a), 2.2(2)(a), 2.3(2)(a), & 3.2] Indicate the description, trainer(s), number of hours, and dates. If you have not had Basic Mediation Training, describe substantially similar training or education. (Please note that experience as a mediator does not constitute “training.”)

**\* Court System Training** (verifying certificates or diplomas required)

Describe your court system training. (Minimum required: 8 hours) [Sections 2.1(1)(b), 2.2(2)(c), 2.3(2)(d), & 3.5] Indicate the description, trainers(s), number of hours, and dates.

If you have not had 8 hours of Court System Training, describe substantially similar training or education. Indicate the trainer(s), number of hours, and dates.

## Mediation Experience (Only General Civil Mediator and Probate Mediator applicants complete the next two boxes.)

Describe your observations of 3 actual mediations [in accordance with Section 2.1(2)].

Describe your experience mediating or co-mediating where you were observed by a qualified supervisor in 3 court-connected civil cases [in accordance with Section 2.1(2)] .

**Probate Mediators (Only Probate Mediator applicants complete the next box.)**

**I am applying to be a probate mediator (conservatorship/guardianship, estate disputes, and/or trust matters). I meet the qualifications set forth in SLR 12.045(8).**

Please describe how you qualify: (e.g. attorney with five years relevant experience; individual with special skills and training in administration of estates, trusts or protective proceedings; or mediator training)

**I have completed the Multnomah County Probate Department mediation training.**

\_\_\_\_\_ **Initials** \_\_\_\_\_ **Date of Training**

**Domestic Relations Mediators (Both Domestic Relations Custody and Parenting Mediator and Domestic Relations Financial Mediator applicants complete the next 3 boxes.)**

**\*Education** (verifying certificates or diplomas required)

Enter your Law, Master's, or Doctorate degree in a specific field. [Sections 2.2(1)(a-c) & 2.3(1)] Include the institution's name, dates attended, and degrees awarded.

If you have none of the above, but have a bachelor's degree and 7 years of relevant experience, enter your degree, the institution's name, dates attended, and degrees and date awarded. Then describe your 7 years of relevant experience. [Sections 2.2(1)(d) & 2.3(1)]

**\*Domestic Relations Custody and Parenting Mediator Training**

(verifying certificates or diplomas required) (Minimum required: 40 hours.) [Sections 2.2(2)(b), 2.3(2)(b) & 3.3] Indicate the description, trainer(s), number of hours, and dates.

**Domestic Relations Custody and Parenting Mediator Experience.**

**(Only Domestic Relations Custody and Parenting Mediator applicants complete this box.)**

(Please describe your participation in at least 20 domestic relations cases, with 100 hours supervised or co-mediated with qualified supervisor; minimum 10 cases/50 hours custody and parenting mediation; or at least 2 years full-time experience as described in Section 2.2(3). Include name(s) or supervisor(s) and/or co-mediator(s).

**\* Domestic Relations Financial Mediator Training**

**(Only Domestic Relations Financial Mediator applicants complete the next 3 boxes.)**

(verifying certificates or diplomas required) (Minimum: 40 hours domestic relations financial issues training) [Sections 2.3(2)(2) & 3.4] Indicate the description, trainer(s), number of hours, and dates.

## Domestic Relations Financial Mediator Experience.

(Please describe your participation in at least 20 domestic relations cases, with 100 hours supervised or co-mediated with qualified supervisor; minimum 10 cases/50 hours domestic relations financial mediation; or at least 2 years full-time experience as described in Section 2.3(3). Include name(s) or supervisor(s) and/or co-mediator(s).

## Insurance for Domestic Relations Financial Mediators

I certify that I have in effect, and shall maintain during my court-connected mediator listing, malpractice insurance or self-insurance with comparable coverage as required by Section 2.3(7).

\_\_\_\_\_  
Initials

Insurance Company

## Other Mediation Training (All applicants complete the next 3 boxes.)

Enter description(s) of specialized or advanced mediation training.

## Other Experience

Describe any other relevant experience.

Describe any special skills or experience you have (e.g. second language proficiency, cultural sophistication, non-mediation related licenses or skills, other relevant education, etc.).

**All Applicants complete the next sections, only as relevant to your practice.**

Indicate with a checkmark in the boxes below the types of cases you are willing and have experience to mediate. No checkmark will indicate you are not willing to mediate those types of cases. Indicate in the second column the number of that type of case you have mediated. If any explanation is necessary, use the Comments column.

**Civil Types of Cases Mediated**

Type of Case	Mediate?	No of Cases	Comments
Business/Commercial	Yes <input type="checkbox"/>	<input type="text"/>	
Contract	Yes <input type="checkbox"/>	<input type="text"/>	
Employment	Yes <input type="checkbox"/>	<input type="text"/>	
Small Claims	Yes <input type="checkbox"/>	<input type="text"/>	
Landlord-Tenant Residential/ Commercial	Yes <input type="checkbox"/>	<input type="text"/>	
Real Property	Yes <input type="checkbox"/>	<input type="text"/>	
Tort	Yes <input type="checkbox"/>	<input type="text"/>	
Construction	Yes <input type="checkbox"/>	<input type="text"/>	
Professional Negligence	Yes <input type="checkbox"/>	<input type="text"/>	
General Negligence	Yes <input type="checkbox"/>	<input type="text"/>	
Other	Yes <input type="checkbox"/>	<input type="text"/>	

**Probate Types of Cases Mediated**

Type of Cases	Mediate?	No of Cases	Comments
Estate Disputes	Yes <input type="checkbox"/>	<input type="text"/>	
Trust Matters	Yes <input type="checkbox"/>	<input type="text"/>	
Guardianships/ Conservatorships	Yes <input type="checkbox"/>	<input type="text"/>	

**Domestic Relations Types of Cases Mediated**

Type of Case	Mediate?	No of Cases	Comments
Adoption (including open adoption)	Yes <input type="checkbox"/>	<input type="text"/>	
Custody	Yes <input type="checkbox"/>	<input type="text"/>	
Dissolution	Yes <input type="checkbox"/>	<input type="text"/>	
Domestic Partnership	Yes <input type="checkbox"/>	<input type="text"/>	
Domestic Violence	Yes <input type="checkbox"/>	<input type="text"/>	
Filiation/Paternity	Yes <input type="checkbox"/>	<input type="text"/>	
Grandparents Disputes	Yes <input type="checkbox"/>	<input type="text"/>	
Parenting Time	Yes <input type="checkbox"/>	<input type="text"/>	
Support Disputes	Yes <input type="checkbox"/>	<input type="text"/>	
UCCIA	Yes <input type="checkbox"/>	<input type="text"/>	

**Compensation Information**

Describe Fees.

Are you willing to consider pro bono requests?                      Yes                       No

**Oath**

***I hereby certify that I have reviewed and, if selected, will comply with the Oregon Revised Statutes, Uniform Trial Court Rules, and Supplemental Local Rules for Multnomah County that pertain to civil case mediation. I affirm that I have reviewed the August 2005, Chief Justice Order No. 05-028, describing the Oregon Judicial Department Court-Connected Mediator Qualifications Rules and that the above information is a true and accurate reflection of my qualifications as a mediator as outlined in that CJO. I acknowledge that my information may be verified, and that any references and/or programs listed above may be contacted. I expressly approve such investigation, and consent to the release of information about me from any relevant source. I agree to fulfill the continuing education requirement for court-connected mediators [Section 2.1(3), 2.2(4), 2.3(4), & 3.6] and all other requirements specified in the CJO. I will keep the court informed of any changes in my contact information, license status, or qualifications to be listed as a mediator.***

Signature

Date

Sign with an electronic signature per UTCR 21.090(2)

**INSTRUCTIONS FOR SUBMITTING COMPLETED FORM**

After the form has been completed, click the button bellow to e-mail this PDF form to the court.

If you don't have the ability to e-mail using the button below, you will need to save the PDF to your computer, then e-mail it manually as an attachment to:

[mediation.coordinator@ojd.state.or.us](mailto:mediation.coordinator@ojd.state.or.us)

Retain a copy for your records if you desire. Having this form saved to your computer will expedite your ability to update information as required by the CJO.

Questions? Call the mediation coordinator at 971-375-5380 or e-mail [mediation.coordinator@ojd.state.or.us](mailto:mediation.coordinator@ojd.state.or.us)