

Clatsop County Circuit Court
Mediator Application Form

This completed form will be on file for public inspection.
Qualifications for mediators are available in [UTCR Chapter 12](#).

You may attach additional pages if more space is needed.

If applying to be a **domestic relations mediator**, also complete the Domestic Relations Addendum.

Name: _____ Business Name: _____

Mailing/Office Address: _____

Phone: _____ E-mail: _____

Application for:

- Small Claims
- Landlord/Tenant
- Domestic Relations: custody issues panel financial issues panel

1. What educational degrees have you earned? (Indicate degree, institution, and subject areas):

2. What is your current occupation? _____ How long? _____

3. What professional certifications do you hold?

4. **Mediation Trainings** Please attach copies of your certificate(s) of completion and training outline(s).

I am applying to be a domestic relations mediator and have attached the Domestic Relations Addendum.

Basic Mediation Training (Minimum 30 hours with verifying certificates or diplomas required)

Course Title	Instructor & Program	Instructor phone / email	Training Date	Number of Hours

Did your training(s) include supervised role plays with feedback Yes No

Court System Training (Minimum 6 hours with verifying certificates or diplomas required)

Course Title	Instructor & Program	Instructor phone / email	Training Date	Number of Hours

5. Mediation Experience:

Types of disputes/cases: _____

Number of cases _____

Number of hours _____

Organization/Supervisor: _____

I am applying to be a domestic relations mediator and have attached the Domestic Relations Addendum.

6. List any other relevant education and/or experience:

7.a. If you do not meet the mediator qualification as outlined in UTCR 12, but have other training, experience, or education that you believe can substitute for those qualification, please outline those qualification here: _____

7.b. If you are working toward meeting the mediator qualification as outlined in UTCR 12, please outline your plan for doing so. Please include timeframes:

8. Are you bilingual? Yes No

If yes, please list languages you speak fluently: _____

I certify that I have read and will comply with the requirement outlined in Oregon UTCR 12, Oregon Revised Statutes, Supplemental Local Rules for Clatsop County and any standards of mediator ethics to which I am subject.

By signing this mediator application, I acknowledge that the information provided may be verified, references/programs may be contacted, and I expressly consent to the release of information.

Signature

Date

Return to: Mediation Coordinator
Clatsop County Circuit Court
PO Box 835
Astoria OR 97103

Domestic Relations Mediation Addendum

1. **Domestic Relations Mediation Training** (As specified in URCR 12.110 and/or 12.120 with verifying certificates or diplomas required)

Course Title	Instructor & Program	Instructor phone / email	Training Date	Number of Hours

Did your training(s) include supervised role plays with feedback? Yes No

2. **Educational Background** Please check the boxes and fill in the blanks to describe your educational background and experience:

Bachelor’s in behavioral science related to:

- family relationships
- child development
- conflict resolution
- with coursework in behavioral science

Post-graduate experience serving families (list full time equivalent experience):

- social work for _____ years
- mental health for _____ years
- conflict resolution for _____ years

Masters Doctoral in:

- counseling
- psychiatry
- psychology
- social work
- marriage and family therapy
- mental health

In a subject relating to:

- children and family dynamics
- education
- communication
- conflict resolution

Juris Doctor with:

- Course work in family law
- CLE credits in family law

3. Mediation Experience:

Domestic relations mediation, supervised by or co-mediated with a qualified supervisor:

Number of cases _____

Number of hours _____

Supervisor: _____

Domestic Relations Custody and Parenting Time:

Number of cases _____

Number of hours _____

Domestic Relations Financial Issues:

Number of cases _____

Number of hours _____

Supervisor: _____

Directly observed:

Number of cases _____

Number of hours _____

4. Please describe your training on legal and financial issues in separation, divorce, and family reorganization in Oregon, including property division, asset valuation, public benefits law, domestic relations income tax law, child and spousal support and joint and several liability for family debt; corporate and partnership law, retirement interests, personal bankruptcy, ethics (including unauthorized practice of law), drafting, legal process (including disclosure problems), the needs of pro se parties review by independent counsel, finality of a judgment, and methods to carry out the parties' agreement. (List topics, hours and dates and attach supporting documentation)

Number of hours accredited by the Oregon State Bar: _____

5. Additional Work Experience:

List full time equivalent experience in the following areas:

mediation: _____ years

direct therapy or counseling with an emphasis on short-term problem solving: _____ years

domestic relations lawyer for _____ years

juvenile caseload (lawyer) for _____ years