

**SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY  
ALTERNATIVE DISPUTE RESOLUTION**

**Family Court Private Mediator Application**

**NOTE: Information disclosed on this Registration Form might be considered public record**

**CONTACT INFORMATION**

First Name \_\_\_\_\_ Email \_\_\_\_\_  
 Last Name \_\_\_\_\_ Mobile \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Pager \_\_\_\_\_

**PRIMARY OFFICE LOCATION**

Address 1 \_\_\_\_\_ Phone \_\_\_\_\_  
 Address 2 \_\_\_\_\_ Fax \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Hours \_\_\_\_\_

**ADDITIONAL OFFICE LOCATION (OPTIONAL)**

Address 1 \_\_\_\_\_ Phone \_\_\_\_\_  
 Address 2 \_\_\_\_\_ Fax \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Hours \_\_\_\_\_

**FEES FOR INITIAL CONSULTATION**

	Office Visit		Phone Call
½ Hour		½ Hour	
1 hour		1 hour	
Other		Other	

Forms of Payment Accepted
<input type="checkbox"/> Cash
<input type="checkbox"/> Check
<input type="checkbox"/> Credit Cards (list below)

**FEES FOR SERVICE**

Hourly Rate:  Payment required  at time of service  at end of service  
 Other Payment Arrangements: \_\_\_\_\_

Cards Accepted:  Visa  M/C  AMEX  Discover Other: \_\_\_\_\_

**LIABILITY INSURANCE**

Do you have professional liability insurance?  YES (Attach proof)  
 NO (Application will be rejected)

**LANGUAGES**

Languages in which **you** are fluent:  English  Spanish  Other: \_\_\_\_\_  
 Other Languages: \_\_\_\_\_  
 Languages in which **staff** is fluent:  English  Spanish  Other: \_\_\_\_\_

**EDUCATION AND TRAINING**

Please attach a transcript or a copy of your diploma for each degree listed.

Date Received	Degree Awarded	Institution

**Training Events:** List a maximum of **THREE** of the most significant **TRAINING EVENTS** you have attended. List (1) the name of training attended, (2) the dates of attendance, (3) the institution conducting training (Attach training certificates or training agenda).

Date(s)	Name/Title of Event	Sponsoring Institution

**Memberships:** List a maximum of **THREE** other **MEMBERSHIPS, LICENSURE, CREDENTIALING, OR EXPERIENCES** relevant to Family Court Mediation.


Have you completed either 40 hours of Family Mediation Training,  YES (List below)  
**OR**  NO

Have you completed 40 hours of Basic Mediation Training, an approved 20-hour Advanced Family Mediation Training, and meet the requirements of A.R.S. Sec. 25-406(c), which includes 6 initial hours of training on domestic violence, 6 initial hours of training on child abuse, and 4 subsequent hours of training every 2 years on domestic violence and child abuse?

Date(s)	Institute/Agency (Attach training certificates)

**ADDITIONAL INFORMATION**

Do you require a retainer?  YES  NO. If yes, describe: \_\_\_\_\_

Do you conduct pre-mediation screening?  YES  NO

How many years have you been mediating cases as a third party neutral?  
 Estimate the number of cases you have mediated as a third party neutral (Answer below).

Family Mediation		Years of experience in this field other than in mediation (explain below):
In field since: (e.g. 1978)		
Number of cases:		
<b>(Minimum 20 cases or trials held for retired judicial officers within past 5 years)</b>		

Cases willing to mediate:	Cases you prefer <u>not</u> to handle? (List below)
<input type="checkbox"/> Divorce <input type="checkbox"/> Legal Separation	
<input type="checkbox"/> Annulment <input type="checkbox"/> Grandparent Rights	
<input type="checkbox"/> Paternity <input type="checkbox"/> Post-Decree matters	
<input type="checkbox"/> Juvenile Dependency	

**OTHER MATTERS**

A: Have you been arrested, charged or convicted of a felony, or have you been arrested, charged or convicted of any matter relating to sexual misconduct, regardless of when such arrest, charge or conviction occurred?  NO  YES. Explain on attached page.

B: In the past three years before submitting the registration form, have you had an adverse decision rendered against you by any regulating agency or court pertaining to the service or conduct which is related to the services that are the subject of the court roster?

NO  YES. Explain on attached page.

C: Are you under any current limitations by any regulating agency or court pertaining to the service or conduct which is related to the services that are the subject of the court roster?

NO  YES. Explain on attached page.

D: Do you know of any present or past conduct that might or may affect your ability to provide the service or conduct which is related to the services that are the subject of the court roster for which you are applying?  NO  YES. Explain on attached page.

#### **ROSTER CERTIFICATION REQUIREMENTS**

**If I am included in the Maricopa County Superior Court Family Court Mediator Roster, I WILL:**

- YES  NO Submit proof of all mediation experience, education and training requirements as established by the Superior Court?
- YES  NO Submit initial and continuing proof of compliance with continuing education or special training requirements as established by the Superior Court?
- YES  NO Submit initial and continuing proof of mediator liability insurance in accordance with Superior Court procedures?
- YES  NO Conduct pre-mediation screening as to appropriateness of mediation services for the case, including domestic violence screening?
- YES  NO Adhere to all ethical standards set by the Superior Court?
- YES  NO Comply with all reporting requirements, including grievance and feedback procedures, adopted by the Superior Court.
- YES  NO Report any active family court case in the Maricopa County Superior Court and notify the Superior Court when the case is no longer active.
- YES  NO Renew application every 4 years.

**\*A "NO" response to any of the requirements listed above will result in your rejection for participation on the Family Court Mediator Roster.**

#### **SWORN STATEMENT**

**I swear or affirm that all of the information on this registration form, and any attached subparts, is true and accurate to the best of my knowledge, information, and belief. I have read and I understand the Policies and Procedures for Family Court Private Mediator Roster and agree to abide by them. I will advise the Court in writing of any material changes to the information contained in this Registration. I understand that failure to be truthful about matters related to this application or to abide by these Policies and Procedures may result in the removal of my name from the Family Court Private Mediator Roster.**

Signature: \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_ ,

by

\_\_\_\_\_  
Notary Public

My commission expires:

**WHEN COMPLETED, RETURN THE FORM TO:**

**ALTERNATIVE DISPUTE RESOLUTION**

**DOWNTOWN JUSTICE CENTER**

**620 W. JACKSON ST., SUITE 2049**

**PHOENIX AZ 85003**