



**DELAWARE COUNTY COMMON PLEAS COURT
GENERAL DIVISION**

MEDIATOR APPLICATION

NAME:	
ATTORNEY REGISTRATION #	
FIRM NAME:	
ADDRESS:	
TELEPHONE NUMBERS:	
EMAIL ADDRESS:	
FAX NUMBER:	
PRIOR MEDIATION TRAINING, EDUCATION, AND CERTIFICATIONS: (MAY ATTACH ADDITIONAL SHEETS AND/OR RESUME)	

Approximately how many mediations have you participated in as a mediator in the past 3 years?

Approximately how many mediations have you participated in as a mediator in your career?

Approximately how many mediations have you participated in as counsel for one of the parties to the mediation in the past 3 years?

In what areas of the law do you believe you have special expertise due to your education, training, and work experience (i.e. personal injury, real estate, business law, etc.)

Please list any types of cases in which you would prefer not to be appointed as the mediator:

Do you have appropriate space to conduct the mediation at your office or another location if all parties and the mediator wish to hold the mediation away from the courthouse?

Please list or attach copies of your training certificates, transcripts, or other proof of your mediation training and experience.

_____ I acknowledge that the contract rate for mediations paid for by the court is
initial set at \$200 per hour with a cap of 8 hours per case unless court approval is
received for additional hours.

Signature

Date