

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS**

IN THE MATTER OF THE CERTIFICATION OF _____
Full name of applicant

PETITION FOR CERTIFICATION AS COURT APPROVED FAMILY MEDIATOR

Now comes _____,
Full name of applicant

and petitions The Honorable Presiding Judge for certification as a court approved Mediator and in support thereof states as follows:

1. I am petitioning for certification for:
☐ The Lake County Family Mediation Program
☐ The Lake County Family IV-D Mediation Program
2. I am:
☐ Filling out a new application
☐ Renewing my application
3. I have read the applicable Local Court Rule 4-3.19 and agree to follow those rules.
4. Other Names By Which I Have Been Known: _____
5. My Current Residential Address: _____
6. Other residential addresses I have utilized over the last five (5) years:

7. I maintain an office in the County of _____ at the following:
Professional Address: _____
Other professional addresses I have utilized over the last five (5) years:

Professional Telephone: _____
Professional Fax Number: _____
Professional Email: _____
Hourly Rate: _____
Do you or someone in your office speak another language? Who and what language?

8. (a) ☐ No, I have never been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor.
☐ Yes, I have been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor.
(b) If "Yes", state the facts and circumstances fully including date, court and disposition. Use a **separate attachment**.
9. Describe all post-high school education, including graduate and post-graduate work:
School: _____
Attendance Dates: _____

Major/Field of Study: _____

Degree: _____

School: _____

Attendance Dates: _____

Major/Field of Study: _____

Degree: _____

School: _____

Attendance Dates: _____

Major/Field of Study: _____

Degree: _____

[Use Separate Sheet, if necessary]

10. I have satisfactorily completed a 40-hour mediation program, proof of which is attached as **Exhibit A**. (Only for new applicants)

11. I ☐ have ☐ have not completed training specific to domestic violence, child abuse, substance abuse and mental illness, proof of which is attached as **Exhibit B**. I understand that the presence of domestic violence, child abuse, substance abuse and/or mental illness may impair the abilities of the parties to negotiate effectively.

12. a) ☐ I have a degree in law

or

b) ☐ I have a graduate degree in:

☐ Psychiatry

☐ Psychology

☐ Social Work

☐ Human Development

☐ Family Counseling

☐ Other field of behavioral science substantially related to marriage and family interpersonal relationships.

Specify: _____

☐ Other field of study: _____

c) List all professional or occupational licenses (other than law) which you have ever had. Check "C" if the license is still current.

<u>License Type/Number</u>	<u>Licensing Agency</u>	<u>Date</u>	<u>"C"</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>



13. I have a valid license from the State of Illinois to practice my profession, proof of which is attached as **Exhibit C**.

14. I am a member in good standing in the following professional organization(s).

_____	_____
_____	_____
_____	_____
_____	_____

15. If you have been engaged in the practice of law, indicate the approximate percentage of time devoted to the following types of practice. ("Litigation" includes, in addition to actual time in court or tribunal, preparation therefore. "Court" indicates federal and state judicial system; "Trib" indicates quasi-judicial tribunals, e.g. Industrial Commission, NLRB hearings, etc.; "Non-Lit" indicates practice not involving litigation.)

Type of Practice	Litigation Court %	Litigation Other Trib. %	Non-Lit %
Anti-Trust & Trade Regulation			
Bankruptcy			
Chancery			
Corporate and Securities			
Criminal (Felony)			
Criminal (Misd./Traffic)			
Environmental			
Family Law			
Labor Relations			
Patent			
Probate & Estate Planning			
Real Estate			
State & Local Government			
Tax (Federal)			
Tax (State, Local)			
Tort (Personal Injury)			
Tort (P.D., Subrogation)			
Worker's Compensation			
Other:			
Other:			

16. A) Jury Trial Experience (Please state your jury trial experience in actual or approximate numbers.)

	Jury Cases to Verdict		Jury Cases Started But Which Did Not go to Verdict	
	Civil	Criminal	Civil	Criminal
As Lead Trial Counsel				
As Counsel Assisting at Trial				

B) List the last two jury cases tried to verdict, during the past five years, including names of other attorneys and Judge.

	Case One	Case Two
Name of Case		
County		
Judge		
Attorney(s)		

17. Non-Jury Trial Experience (Please state in actual or approximate numbers.)

	Civil	Criminal
Number of contested Non-Jury cases commenced		
How many of these cases went to judgment after the trial on the merits?		

18. I have and agree to maintain professional liability insurance which covers services provided as a result of the referral, proof of which is attached as **Exhibit D** (copy of the declarations page and any additional documentation to verify that your policy expressly covers mediation).

19. **Family Mediators**

☐ a) I have a minimum of two years of work experience in my discipline or profession,

or

☐ b) I do not have a minimum of two years of experience in my discipline or profession but I will be supervised by _____ a mediator on the court's list of approved Mediators.

and

☐ c) I understand that I must attend ten (10) hours of continuing education every two (2) years, on subjects related to allocation of parental responsibilities/allocation of parenting time, domestic violence, substance abuse, mental illness or the mediation process.

☐ f) I understand that I must mediate at least two (2) times a year in the Self Represented Litigant (SRL) court room free of charge.

☐ d) I have read and understand, and agree to be bound by and follow, the Family Mediation Program, Local Court Rules, for the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois, including but not limited to, the qualification requirements, conditions of membership and time and fee requirements.

☐ e) I agree to immediately notify the Presiding Judge of the Family Division of the Nineteenth Judicial Circuit Court of (a) any changes to licensing status identified in paragraph 12 above and/or (b) of any disciplinary action taken against me within seven (7) days of notification.

I respectfully request that the Court review my application, and if I am found to be qualified and eligible under Local Court Rules of the Family Mediation Program, that I be placed on the Family Division Mediation List. If approved, I agree to be bound by the Rules of the Family Division Mediation List of the Circuit Court of the Nineteenth Judicial Circuit, Lake County, Illinois, including the publication of my name and business address in the Court's written and electronic materials; and I also agree to execute a Waiver, Release and Indemnification of Claims document prior to the commencement of my membership for calendar years of this list. I respectfully request that the Court review my application, and if I am found to be qualified and eligible under the applicable local Rule; that I be placed on the Court's list of approved mediators.

Dated _____

Signature of Applicant

Verification by Certification

I, _____, have read the foregoing Petition for Certification and have
Name of applicant
knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Dated _____

Signature of Applicant

CONSENT FOR BACKGROUND CHECK

The Nineteenth Judicial Circuit Court has my consent to conduct a criminal record check as a requirement of my Petition for Certification as Court Approved Mediator.

Name (Please Print): _____

Maiden Name (If Applicable): _____

Date of Birth (mm/dd/yyyy): _____

Gender: _____

Signature: _____ Date: _____

WAIVER, RELEASE AND INDEMNIFICATION OF CLAIMS

WHEREAS, the Nineteenth Judicial Circuit has agreed to accept individuals as members of the Family Division Mediator List for the purposes of mediating cases referred from the Family Division;

WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as a member of the Family Division Mediator List;

WHEREAS, I, as a Family Division Mediator List member, am required to participate in assignments as directed by the Nineteenth Judicial Circuit;

NOW THEREFORE, I, hereby, in consideration of my acceptance by the Nineteenth Judicial Circuit as a Member of the Family Division Mediator List, do release and waive any and all claims or demands of any nature whatsoever, which I have now or may in the future acquire, against the Nineteenth Judicial Circuit Court together with the officers, agents and employees of the Nineteenth Judicial Circuit, resulting from my service as a Member of the Family Division Mediator List.

I further covenant and agree, in consideration of my placement and acceptance as a Member of the Family Division Mediator List, to indemnify and hold harmless said Nineteenth Judicial Circuit Court, their officers, Agency and employees from any liability, which may be incurred by them, or any of them, proximately resulting from and acts by me during such Family Division Mediator List assignments.

I further represent that I understand all risks involved and agree that this waiver, release and indemnification of claims shall be binding upon my heirs, executors and administrators.

Signature: _____ Date: _____