

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

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

PETITION FOR APPROVAL AS CIVIL MEDIATOR

Now comes _____,
(Full name of applicant)

and petitions the Chief Judge for the Court's approval as a Civil Mediator and in support thereof states as follows:

1. I am:

Filling out a new application Renewing my application

2. I have read the applicable Local Court Rules(LCR) and agree to follow the rules for Civil Mediation LCR 7-3.05.

3. Other names by which I have been known: _____

4. My date of birth: _____

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: _____

8. I speak another language. If so what language(s): _____

9. There is someone in my office that can translate for me if sent a case of another language. If so, what language(s):

10. (a) No, I have never been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a petty offense].

Yes, I have been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a petty offense].

(b) If "Yes", state the facts and circumstances fully including date, court and disposition. Use a **separate attachment**.

11. 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)

12. I have or have not completed training specific to domestic violence, child abuse, substance abuse and mental illness, proof of which is attached as **Exhibit A**. 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.

13. a) I have a degree in law

b) 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"/> |

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

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

16. 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 | | | |
| Probate Guardianship | | | |
| Real Estate | | | |
| State & Local Government | | | |
| Tax (Federal) | | | |
| Tax (State, Local) | | | |
| Tort (Personal Injury) | | | |
| Tort (P.D., Subrogation) | | | |
| Worker's Compensation | | | |
| Evictions | | | |
| Small Claims | | | |
| Mortgage Foreclosure | | | |
| Other: | | | |
| Other: | | | |
| Other: | | | |

17. 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) | | |

18. 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? | | |

19. 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 C** (copy of the declarations page and any additional documentation to verify that your policy expressly covers mediation).

20. Please check the boxes below for the mediator program you are applying for at the time of the application renewal:

- **Civil Mediators (LCR 7-3.05)**

- I have completed a 40 hour civil mediation course or am a retired Judge
- I have satisfactory proof of professional liability insurance covering the mediation process
- I am a member in good standing of the Illinois Bar with a minimum of eight years of litigation experience.

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

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 Approval as a 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 Civil Mediation List for the purposes of mediating cases referred from the Civil Division;

WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as a member of the Civil Mediation List;

WHEREAS, I, as a Civil Mediator, am required to participate in assignments as directed by the Nineteenth Judicial Circuit;

NOW THEREFORE, I, hereby, in consideration of my application and/or acceptance by the Nineteenth Judicial Circuit as a Member of the Civil Mediation 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 application and/or service as a Member of the Civil Mediation List.

I further covenant and agree, in consideration of my placement and acceptance as a Member of the Civil Mediation 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 Civil Mediation 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: _____