

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

IN THE MATTER OF THE APPLICATION OF \_\_\_\_\_  
Full name of applicant

**PETITION FOR APPROVAL AS PROBATE MEDIATOR**

Now comes \_\_\_\_\_,  
(Full name of applicant)

and petitions the Chief Judge for the Court's approval to serve as a Probate 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 Probate Mediation LCR 5-3.27.
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. (Required for Probate Mediators)

13. a) ☐ I have a degree in law,

**and**

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"/>

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. 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).

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

- **Probate Mediators (LCR 5-3.27)**

☐ I have completed a 40-hour mediation course or I am a retired Judge

☐ I am a member in good standing of the Illinois bar with a minimum of eight (8) years of experience

☐ I understand that I must attend ten (10) hours of continuing education every two (2) years, on subjects related to probate, trusts, guardianship, taxation or other areas relevant to probate practice

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 Probate 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 Probate Mediation List;

WHEREAS, I, as a Probate 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 Probate 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 Probate Mediation List.

I further covenant and agree, in consideration of my placement and acceptance as a Member of the Probate 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 Probate 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: \_\_\_\_\_