

**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 SMALL CLAIMS MEDIATOR

Now comes _____,
(Full name of applicant)

and petitions the Chief Judge for the Court's approval to serve as a Small Claims 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 Small Claims Mediation LCR 3-1.08.
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 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 a valid license from the State of Illinois to practice my profession, proof of which is attached as **Exhibit B**.

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. 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).

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

• **Small Claims Mediators (LCR 3-1.08)**

☐ I am a member of the Lake County Bar Association

☐ I understand that this is a volunteer, nonpaid position

☐ I have completed the required basic training program for small claims mediation

☐ I certify that I have read, understand, and agree to abide by the 19th Judicial Circuits Local Court Rules for Small Claims

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 Smalls Claims 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 Smalls Claims Mediation List;

WHEREAS, I, as a Smalls Claims 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 Smalls Claims 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 Smalls Claims Mediation List.

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