



MEDIATOR APPLICATION

Please review the "Cincinnati Bar Alternative Dispute Resolution (CBADR) Mediation Rules" before completing this application. Mediation rules can be found at cincybar.org/adr.

The CBADR Service Committee shall consider the following criteria when approving applicants for inclusion on the panel:

1. Applicant must be licensed, active and in good standing and have been admitted to practice law in a state for at least 10 years.*
2. Applicant must be a current member in good standing of the Cincinnati Bar Association.*
3. Applicant's awards and/or honors, experience and/or training, etc. in the alternative dispute resolution field.
4. Applicant's professional reputation and references.
5. At least two professional references.*

**Mandatory*

The number of mediators on the CBADR Mediation panel is limited. As a result, not all qualified applicants will be accepted. CBADR will exercise sole discretion in panel selection and may consider factors such as balancing the panel for practice type and size.

Any individual interested in being considered to serve as a mediator for the Cincinnati Bar Alternative Dispute Resolution Services shall be required to submit the following application to CBADR, Cincinnati Bar Association, 225 East Sixth Street, Second Floor, Cincinnati, OH 45202-3209.

Name _____

My information with the CBA is current. If not, please update below.

Firm/Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email Address _____ Website _____

Please list your educational background starting with the most recent:

Name of School _____ Degree _____ Year Graduated _____

Name of School _____ Degree _____ Year Graduated _____

Please list any state(s) in which you are currently and actively licensed to practice law.

State _____ Year Admitted _____

State _____ Year Admitted _____

State _____ Year Admitted _____

Please list any professional affiliations. _____

I would be interested in expedited mediations (within 2-3 weeks).

What is your current rate for mediations? _____

What is your policy regarding cancellation of mediations? _____

Approximately how many mediations have you conducted? _____

Approximately how many mediations have you participated in as an advocate? _____

Please describe the training and other experience you have had that qualifies you to serve as a mediator. (Please attach additional pages if necessary.)

Please state the areas of practice in which you are qualified to serve as a mediator.

Have there been any disciplinary actions taken against you since you were first admitted to practice in any jurisdiction? If yes, please describe.

Please initial before each of the following stating your agreement:

_____ You agree to pay the annual fee of \$100 required for inclusion in the CBADR roster of mediators if your application is accepted.

_____ You agree that you will remit to CBADR an administrative fee equal to 15% of your mediator fees after collecting your fees from the parties.

_____ You agree that you will advance your own out of pocket expenses (to be reimbursed by the parties).

_____ You agree to complete any training that CBADR may reasonably require for inclusion on its roster of mediators, such as training concerning the Mediation Procedures and Rules of CBADR.

_____ You agree that CBADR shall have no independent liability for any of your fees or disbursements.

_____ You are willing to serve as the temporary Program Director from time to time as requested, as that position is described in the Mediation Procedures and Rules of CBADR, in instances where the Program Director has a conflict or otherwise is unable to serve, without compensation.

_____ You have received and reviewed a copy of the "CBADR Mediation Rules and Procedures" and agree to abide by and support these rules and procedures.

_____ You have professional liability insurance currently in force and have verified with your carrier that you are covered as a mediator.

_____ You consent to evaluation after each claim/filing by all participating parties.

_____ In the event your application is accepted by CBADR, you will be included on the roster of CBADR mediators for potential selection by parties. CBADR shall require that all information in the application be updated and verified on an annual basis.

By signing below you agree that the information included in this application and all attachments is correct to the best of your knowledge.

Signature _____ Date _____