

**DAUPHIN COUNTY BAR ASSOCIATION
CIVIL DISPUTE RESOLUTION PROGRAM**

APPLICATION FOR ADMISSION TO MEDIATION PANEL

I hereby submit the following application for admission to the Dauphin County Bar Association (“DBCA”) Panel of Mediators (“Panel”) for its Civil Dispute Resolution Program (“Program”). I understand that in order to be a Mediator under the Program, I must meet certain requirements.

REQUIREMENTS: (Check to confirm that all apply)

- I have been a practicing attorney for five or more years.
- I am a member of Dauphin County Bar Association.
- Copy of proof of Professional Liability Insurance (which includes Mediation) is attached to this form.
- My Curriculum Vitae is attached to this form.
- I have completed at least twenty-five hours of mediation training.
- I will attend/have attended the DCBA Mediation Program Orientation.*
- I have served as a mediator on at least five mediations privately, or referred through a court system or program.
- I agree to abide by the continuing education requirements established by the ADR Committee for retention on the Panel.

I am providing the following information knowing that the DCBA will be relying on it in determining if I qualify to be a Mediator.

Name: _____

Employer: _____

Business Address: _____

Phone No. _____ Fax No. _____

E-mail _____ Pa Bar I.D. No. _____

*An applicant may view a DVD of the Mediation Program Orientation in order to satisfy this requirement. A fee will be charged. Please contact Elizabeth Simcox at the DCBA for further details.

MEDIATION TRAINING

Applicant must be able to document – by either a certificate of completion or a letter from the training organization – the completion of at least 25 total hours of training in mediation process skills encompassing the following topics: conflict theory, negotiation, dynamics of the mediation process, issues identification, generating options, caucusing, managing party interaction, ethics, impasse strategies, philosophies of mediation and mediator styles, role of the mediator and simulated mediation role-plays. Please provide below name of training program, provider's name, date of training, number of hours. Use additional page(s) if necessary:

MEDIATION EXPERIENCE

Please provide summary of Mediation experience. Use additional page(s) if necessary:

OPT-OUT:

Types of conflicts that I do not desire to mediate under the Mediation Program (for example, personal injury, contract, community, elder).

DISCIPLINARY ACTIONS/PROCEEDINGS

Identify and explain any disciplinary actions or proceedings taken against you in any jurisdiction within the last 10 years.

REPRESENTATIONS:

I understand and acknowledge that if selected to serve on the Panel of Mediators, I am not guaranteed to be selected, or appointed to serve, as a Mediator for any case, and I am responsible for the collection of all fees for mediation services provided, aside from the initial fee of \$750 to be collected by the DCBA.

I further understand and acknowledge that I will be responsible for creating a profile for inclusion on the DCBA’s website which accurately represents my qualifications for serving as a Mediator, and which identifies all fees charged for my services provided in excess of the Initial Time Period required by the Program Guidelines.

I further represent and warrant that I have read and agree to abide by the Program Guidelines, and the Model Standards of Conduct for Mediators (September 2005) adopted jointly by the American Bar Association, the American Arbitration Association, and the Association for Conflict Resolution.

I further represent and warrant that I will abide by all guidelines and requirements for mediators established, and otherwise revised from time to time, by the Alternative Dispute Resolution Committee of the DCBA.

I further understand and acknowledge that the DCBA makes no representations or warranties regarding the Parties to whom mediation services are to be provided, and I fully release the DCBA, its officers, directors, members, agents and employees, from and against any and all claims arising out of or relating to the Program, including any mediation conducted thereunder.

I certify that the information in this Application is true and correct, and that all information provided by me to the DCBA may be relied upon by the DCBA in determining my eligibility to serve on the Panel.

Signature of Applicant

Date: _____