

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MISSOURI

MEDIATION AND ASSESSMENT PROGRAM
APPLICATION FOR LIST OF MEDIATORS

If you wish to be considered for placement on the Mediation and Assessment Program's List of Mediators and you meet the requirements in Section VII. of the MAP General Order (eff. September 1, 2015), please complete the application form and send to the MAP Director.

1. First Name, MI, Last Name: _____

2. Firm Name: _____

3. Business Address: _____

4. Business Phone No.: _____ Business Fax No.: _____

5. Business E-mail address: _____

➤ If you are an attorney or a judge, please answer questions 6 through 10.

6. Missouri Bar Number: _____

7. Date Admitted to Missouri Bar: _____

8. Date Admitted to Bar of this Court: _____

9. Are you now a member in good standing of the Missouri Bar? _____

10. Are you now a member in good standing of the Bar of this Court? _____

➤ If you are a judge or have served as a judge, please answer questions 11 and 12.

11. Identify the court in which you serve or have served, your specific position and your years of judicial service: _____

12. Identify your arbitration or mediation experience: _____

➤ If you are not an attorney, please answer questions 13 through 16. If you are an attorney or judge and possess these qualifications you may also respond to questions 13 through 16.

13. Identify your degree or extensive specialized training in ADR, conflict management or another discipline that positions you well to serve as a mediator:

14. Identify the institution from which you obtained the degree or training and the year it was obtained: _____

15. Identify your experience with or knowledge of civil litigation matters in federal court:

16. Identify your mediation experience: _____

17. Hourly fee that you would charge for your services as an Outside Mediator \$: _____

18. Are you willing to mediate a limited number of cases (approximately 1-2 per year) pro bono? _____

19. Have you been disciplined for the violation of any code of professional ethics or responsibility? _____

20. Have you been convicted of a felony? _____

21. Have you been found liable for fraud or other intentional tort? _____

22. Have you had a professional license revoked or suspended? _____

➤ If any answer to questions 19 through 22 is yes, please explain the circumstances in detail on a separate sheet.

23. List the training sessions, sponsor, location, dates and hours that qualify you under the requirements of the MAP General Order and attach completion certificates.

Session Title	Sponsor	Location	Date	CLE Hours

I have read all of my answers, and they are all true to the best of my knowledge and belief. I have also read the MAP General Order (eff. September 1, 2015) and the Guidelines for Outside Mediators.

Signature

Date of Application