

Kansas Supreme Court Mediator
Application for Approval

INSTRUCTIONS

In order for the following Application for Mediator Approval to be given appropriate consideration, it will be necessary for each applicant to provide the following documentation:

- Copies of all verifying licenses or training certificates received relevant to mediation.
- Descriptions or syllabus of the mediation training attended, if not State approved.
- Attach a writing sample by summarizing one of the mediation agreements. Don't include any names of the participants.
- A personal statement of the applicant's motive to mediate.
- Two letters of recommendation.
- A completed proof of three co-mediations.
- A letter explaining applicant's request for waiver of any required qualification or item specified above to include any supporting documentation, experience, or training requested for substitution.

In keeping with statutory intent, you are required to state which counties you intend to offer mediation services. This information is then made available to judges and attorneys requiring mediation services.

A **\$50.00 mediation fee is required** at the time of application. Make checks payable to the **Kansas Judicial Branch**. This fee is waived **if** the applicant is mediating as a court employee, paid by the state, or is a volunteer for an approved program. The fee must be paid, however, if mediation is conducted for which compensation is received whether or not the applicant's primary hours are as a court employee or volunteer. With consideration of the above, a \$50.00 fee is required to be paid and submitted along with the application for renewal on an annual basis in order to continue one's approval status. **Applications received on or after September 1 through December 31 only need to submit a \$25.00 application fee.**

The application, supporting documentation, and above fee should be sent to:

Dispute Resolution Coordinator
Office of Judicial Administration
Kansas Judicial Center
301 SW 10th Avenue, Room B2
Topeka, KS 66612-1507

You should receive determination within 60 days of the date the completed application is received.

GENERAL PROCEDURES FOR MEDIATION PRACTICE

All approved mediators shall develop procedures in the following areas.

Mediation Files

All approved mediators shall develop records on all cases going through mediation. These records shall be summarized for annual reporting to the Dispute Resolution Coordinator on forms provided.

- a) Records shall be kept regarding each initial contact, whether the parties mediate or come to an agreement in mediation, and the total cost and time of the mediation from intake to conclusion. The following information shall be maintained in each case as it proceeds to mediation:

- 1) Intake form;
- 2) Assigned mediator(s);
- 3) Signed agreement to mediate; and
- 4) A copy of the signed agreement or indication of disposition.

5) **You will need to keep a record of the types of dispute resolution:**

Domestic (Custody/Parenting Plan)	Domestic (Property)	Family
Domestic (Full Case)	Civil Rights	Employment
Agricultural	Special Education	Malpractice
Personal Injury	Environmental	Small Claims
Limited Actions	Consumer	Parent/Adolescent
Victim/Offender	Church	Probate
Community	Public Policy	Workers Comp
Juvenile Dependency	Facilitation of Group Disputes	
Other		

(K.S.A. 5-506 (3) requires the Court to collect statistical data from approved programs and individuals.)

Referrals

The names of approved mediators are distributed to District Courts and to the public. Please indicate whether you are interested in having your name on the referral list. Make sure that you indicate the address, phone, and e-mail you want to be made public.

PLEASE MARK THOSE AREAS IN WHICH YOU CAN SHOW EXPERTISE:

(This can be education, years of experience and/or employment.)

Domestic/Visitation	Limited Actions	Civil Rights
Domestic (Full Case)	Small Claims	Public Policy
Domestic (Property)	Malpractice	Agricultural
Family	Employment	Environmental
Parent/Adolescent	Consumer	Special Education
Probate	Community	Victim/Offender
Juvenile Dependency	Personal Injury	Church
Other (please specify):		

VERIFICATION OF THE THREE CO-MEDIATIONS:

Type of Cases: _____ No. of Mediations _____
From: _____ to _____
Date of most recent mediation: _____
Co-mediator: _____

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From: _____ to _____
Date of most recent mediation: _____
Co-mediator: _____

HISTORY:

Have you been convicted of a felony or misdemeanor? Yes No
If yes, provide dates of conviction, charges convicted of, and courts where convicted:

Has a formal mediator complaint ever been filed against you? Yes No
If so, explain:

Have you ever had a professional license suspended/terminated? Yes No
If yes, provide dates of suspension or termination, by whom, for what period, and reason for suspension or termination:

Other areas of practice (law, social work, counseling, etc.):

EDUCATION:

School Name and Address:

Attended from: _____ to _____ Credit Hours:
Major Course Work: _____ Degree:

School Name and Address:

Attended from: _____ to _____ Credit Hours:
Major Course Work: _____ Degree:

PROFESSIONAL LICENSES OR REGISTRATIONS:

Type:
Conferring Entity: _____ Location:
Date Issued/Last Renewed: _____ Expiration Date:

Type:
Conferring Entity: _____ Location:
Date Issued/Last Renewed: _____ Expiration Date:

HAVE YOU INCLUDED? (Please complete)

Copies of all verifying licenses or training certificates received relevant to mediation?

Descriptions or syllabus of the mediation training attended

Copies of a writing sample

A personal statement of applicant's motive to mediate

Two letters of recommendation.....

Completed proof of Co-Mediation/Supervision

Mediation Fee of \$50.00 (*if not requesting waiver*).....

A letter explaining applicant's request for waiver of any required, qualification or item specified above, to include any supporting documentation, experience, or training requested for substitution

VERIFICATION

I, _____, verify that all information I have supplied in applying for mediator approval is truthful and accurate. I agree to uphold the ethics for mediators in the State of Kansas as set forth in Supreme Court Rule 903. I also agree to submit to periodic supervision and evaluation, and release any information concerning my supervision or evaluations to the Dispute Resolution Coordinator while I am serving as an approved mediator. In addition, I understand that to gain and maintain approval, I shall provide statistical information to the Dispute Resolution Coordinator on an annual basis.

Signature: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____ My commission expires: _____

Notary Public