ILLINOIS APPELLATE COURT SECOND DISTRICT
MEDIATION PILOT PROGRAM
VOLUNTEER ATTORNEY APPLICATION

1. **APPLICANT BASIC DATA**

   Name: _____
   Firm: _____
   Address: _____
   City: _____
   State:_____
   Zip: _____
   Telephone: _____
   E-Mail: _____
   ARDC No.: _____

2. **REPORTING OF EXPERIENCE/QUALIFICATIONS**

   All information provided in this application must be true and correct.
   Please answer yes or no to the following questions:

   A. Are you currently licensed to practice law in Illinois?

   Yes ☐

   No ☐

   B. Have you had either (1) responsibility with at least one appeal before any state or federal court or (2) mediation advocacy education and experience?

   Yes ☐

   No ☐

   C. Have you completed the two-hour CLE training for this program?

   Yes ☐

   No ☐

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D. Please provide a brief summary of your appellate practice and mediation advocacy experience, as well as any other practice areas of interest. Maximum 250 words.

CERTIFICATION, AUTHORIZATION FOR RELEASE, AND WAIVER

I authorize the Administrator of the Attorney Registration and Disciplinary Commission and the Illinois Supreme Court to disclose to its Administrative Office or its Access to Justice Division [Program Partners] or to the Illinois Appellate Court, Second District Appellate Mediation Program [Program] all information contained in the files of the Attorney Registration and Disciplinary Commission concerning my present status, any complaints which have been made against me, the disposition of those complaints, and the contents of this application. I expressly waive any right to confidentiality I may possess with respect to this information.

I authorize the Program, Program Partners, or any individual appointed by either to discuss the contents of this application with any judge, attorney, or individual deemed appropriate for the purpose of evaluating my application to the Program.

I recognize, accept, and agree that any attorney or judge, who is contacted by the Program, Program Partners or other individual appointed by either to investigate or evaluate my application, must supply the requested information in fulfillment of his or her professional responsibilities. Information supplied is subject to privilege and may not be the basis for any claim or cause of action whatsoever on my part.

I agree that any person furnishing information concerning my fitness for admission to the Program shall be immune and held harmless with respect to any claim or action by myself. I hereby expressly waive and agree to forgo any claim or cause of action against any person providing or receiving any information related to my application to or participation in the Program and expressly agree to hold harmless all such people.

I certify all statements made in this application are true, complete, and correct.

Name (please type or print clearly): _____

Signature of Applicant: _____

Date of Signature: _____

Please return to the Illinois Appellate Court Second District Mediation Pilot Program:
AC2mediation@IllinoisCourts.gov