ILLINOIS APPELLATE COURT SECOND DISTRICT
MEDIATION PILOT PROGRAM
MEDIATOR APPLICATION

1. **MEDIATOR/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. Have you been licensed to practice law in Illinois for ten years or more and are you currently in good standing with the ARDC?

Yes ☐

No ☐

B. Are you a retired Illinois judge?

Yes ☐

No ☐

C. Have you completed a recognized 40-hour mediation training?

Yes ☐

No ☐

D. For mediators of **family cases**, have you completed 10 hours of recognized training specific to family mediations?

Yes ☐

No ☐

E. Are you able to independently host a video conference mediation?

Yes ☐

No ☐

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

Yes ☐

No ☐

G. Please indicate if you have experience mediating the following types of cases:

Appellate ☐ Family ☐

Debt collection ☐ Foreclosure ☐

Commercial ☐ Small claims ☐

Eviction ☐ Other ☐

H. Please provide a brief summary of your mediation experience, including types of cases, time frame for your experience, and numbers of cases, as well as any 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