

**STATE OF NORTH CAROLINA**

**APPLICATION  
FOR CERTIFICATION TO CONDUCT  
SUPERIOR COURT MEDIATIONS**

G.S. 7A-38.1; Mediated Settlement Conference Rules

Name And Address Of Applicant

Date Of Birth

Telephone No.

Fax No.

E-Mail Address

**INSTRUCTIONS:** Attorney applicants licensed in North Carolina complete Section I. Other attorney applicants complete Section II. Non-attorney applicants complete Section III. All applicants must complete the remaining sections. Please type or print and mail along with the required attachments to the N.C. Dispute Resolution Commission, P.O. Box 2448, Raleigh, NC 27602. Please enclose a check for your pro-rated certification fee made payable to the Dispute Resolution Commission. The Commission reserves the right to request additional information from applicants as needed to process their application.

I apply for certification as a mediator to conduct Mediated Settlement Conferences in Superior Court pursuant to G.S. 7A-38.1 and the Rules Governing Mediated Settlement Conferences in Superior Court Civil Actions.

**SECTION I. REQUIREMENTS FOR CERTIFICATION OF ATTORNEYS LICENSED IN N. C.**

Complete this section only if you are an attorney licensed in North Carolina applying for certification to conduct mediated settlement conferences.

**1. BAR ADMISSION**

I am a member in good standing of the North Carolina State Bar. Rule 8.B.(1)(a)(i).

Date Of Admission

North Carolina Bar No.

I  am  am not currently suspended or disbarred from the practice of law by the attorney licensing authority of any state. Rule 8.B.(1).

I  have  have not been forced to forfeit my license to practice law in any state. Rule 8.B.(1)

**2. WORK EXPERIENCE**

I have at least five years experience after date of licensure as a judge, practicing attorney, law professor, mediator or equivalent experience.

	Date	Jurisdiction/Address	Briefly Describe Experience
<input type="checkbox"/> Judge			
<input type="checkbox"/> Practicing Attorney			
<input type="checkbox"/> Law Professor			
<input type="checkbox"/> Mediator			
<input type="checkbox"/> Other			

**3. TRAINING** (Complete only subsection (a) or subsection (b) below.)

(a) I have completed at least 40 hours of trial court mediation training in a program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

Program Title

Date Of Training

Training Conducted By

**NOTE:** If the program you attended has not been certified by the Dispute Resolution Commission, please submit copies of the program agenda, trainer resumes, and all course materials.

(b) I am currently certified by the Dispute Resolution Commission to conduct family financial mediations in North Carolina and I have completed a 16-hour supplemental trial court mediation training program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

Program Title

Date

Training Conducted By

**SECTION II. REQUIREMENTS FOR CERTIFICATION OF ATTORNEYS LICENSED IN OTHER STATES**

Complete this section only if you are a licensed attorney not admitted in North Carolina applying for certification to conduct mediated settlement conferences.

**1. LEGAL EDUCATION AND BAR ADMISSION**

I am a graduate of the following accredited law school: Rule 8.B.(i)(a)(ii)

Name of Law School

Location of Law School

Year Graduated

I am a member in good standing of the Bar of the following state. Rule 8.B.(1)(a)(ii)

Date Of Admission	State	Bar No.
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I  am  am not currently suspended or disbarred from the practice of law by the attorney licensing authority of any state. Rule 8.B.(1).

I  have  have not been forced to forfeit my license to practice law in any state. Rule 8.B.(1).

2. **WORK EXPERIENCE**

I have at least five years experience after date of licensure as a judge, practicing attorney, law professor, mediator or equivalent experience. Rule 8.B.(1)(b). Following is the experience I wish considered:

	Dates	State/Jurisdiction/Address	Briefly Describe Experience
<input type="checkbox"/> Judge			
<input type="checkbox"/> Practicing Attorney			
<input type="checkbox"/> Law Professor			
<input type="checkbox"/> Mediator			
<input type="checkbox"/> Other			

3. **TRAINING** (Complete only subsection (a) or subsection (b) below.)

(a) I have completed at least 40 hours of trial court mediation training in a program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

Program Title	Date	Training Conducted By
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**NOTE:** If the program you attended has not been certified by the Dispute Resolution Commission, please submit copies of the program agenda, trainer resumes, and all course materials.

(b) I am currently certified by the Dispute Resolution Commission to conduct family financial mediations in North Carolina and I have completed a 16-hour supplemental trial court mediation training program certified by the Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

Program Title	Date	Training Conducted By
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(c) I have attached to my application a letter signed by me reciting efforts I have made to familiarize yourself with North Carolina court structure, legal terminology, and civil court procedure. Rule 8.B.(1)(a)(ii). The Commission reserves the right to request additional information.

4. **LETTERS OF REFERENCE**

I have attached to my application three (3) letters of reference attesting to my good character, including at least one letter from a person with knowledge of my practice as an attorney. Rule 8.B.(1)(a)(ii).

**SECTION III. REQUIREMENTS FOR CERTIFICATION OF NON-ATTORNEYS**

Complete this section only if you are a non-attorney applying for certification to conduct mediated settlement conferences.

**NOTE:** Complete only subsection 1 or subsection 2 below. (All non-attorney applicants must complete subsections 3, 4, 5 and 6.)

1. **TRAINING, EDUCATION AND EXPERIENCE**

(a) I have completed twenty (20) hours of basic mediation training provided by a trainer acceptable to the Dispute Resolution Commission. Rule 8.B.(2)(c)(i).

Program Title	Name Of Trainer	Sponsoring Organization	Date
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**NOTE:** If you cannot provide exact information on this course, provide proximate information. If you have the agenda or a certificate evidencing your participation, please attach a copy. The Commission reserves the right to make further inquiry about the course.

(b) After completing the 20-hour training above, I have mediated at least thirty (30) disputes over the course of at least three years, or equivalent experience. Rule 8.B.(2)(c)(i).

Year	No. Of Cases Mediated	Practice, Office Or Agency For Which You Conducted The Mediations:

**NOTE:** If you have experience equivalent to mediation experience, please set forth your equivalent experience in a letter attached to this Application. The Commission reserves the right to request additional information about your mediation or equivalent experience.

(c) I possess a four year degree from an accredited college or university. Rule 8.B.(2)(c)(i). (Attach a copy of your diploma or certified transcript.)

(d) I possess at least four years of professional, management or administrative experience in a professional, business or governmental entity. Rule 8.B.(2)(c)(i). (Attach a copy of a resume or a letter highlighting the experience you wish considered. The Commission reserves the right to request additional information about your experience.)

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You need not complete subsection 2 if you completed subsection 1 above.

**2. EDUCATION AND EXPERIENCE**

- (a) I possess a four year degree from an accredited college or university. Rule, 8.B.(2)(c)(ii). *(Attach a copy of your diploma or certified transcript).*
- (b) I possess at least ten (10) years of professional, management or administrative experience in a professional, business or governmental entity. Rule 8.B.(2)(c)(ii). Please attach a copy of a resume or a letter highlighting the experience you wish the Commission to consider. The Commission reserves the right to request additional information about your work experience.

**3. OBSERVATIONS**

These observations must be completed in addition to the two observations required by Rule 8.C. (Rule 8.2.(d)). *[Attach a copy of your certificates of observation signed by the mediators.]*

Date Of Observation	County Where Case Observed Was Filed	Name Of Mediator	Case/File No. Of Case Observed

**NOTE: Mediations must be conducted by at least two different mediators.** *At least one of these mediations must be of a court ordered Superior Court case; the others may be of cases pending before and ordered into mediation by the North Carolina Industrial Commission, the North Carolina Office of Administrative Hearings, North Carolina Superior Court, North Carolina Court of Appeals or the U.S. District Courts for North Carolina. Domestic and prelitigation cases will not be considered and the mediation must have been observed from beginning through settlement or impasse.*

**4. SUPERIOR COURT TRAINING** (Complete only subsection (a) or subsection (b) below.)

- (a) I attended and completed at least forty (40) hours of trial court mediation training in a program certified by the Dispute Resolution Commission. Rule 8.A. *(Attach a copy of your certificate of training.)*

Program Title	Date	Training Conducted By

**NOTE:** *If the program you attended has not been certified by the Commission, please submit copies of the program agenda, trainer resumes, and all course materials.*

- (b) I am currently certified by the Dispute Resolution Commission to conduct family financial mediations in North Carolina and I have completed a 16-hour supplemental trial court mediation training program certified by the Dispute Resolution Commission. Rule 8.A. *(Attach a copy of your certificate of training.)*

Program Title	Date	Training Conducted By

- (c) I attended and completed at least six (6) hours of training on North Carolina court organization, legal terminology, civil court procedure, the attorney-client privilege, the unauthorized practice of law and common legal issues arising in Superior Court, conducted by a trainer certified by the Commission. Rule 8.B.(2)(a). *(Attach a copy of your certificate of training or a letter from your trainer.)*

**5. LETTERS OF REFERENCE**

I have attached to this application three letters of reference attesting to my good character, including at least one letter from a person with knowledge of my experience claimed in Rule 8.B.(2)(c). (Rule 8.B.2(b)).

**6. PROFESSIONAL STANDING**

- (a) If you are a professional, are you currently a member in good standing of your profession? Rule 8.E.

Yes  No  Not Applicable *(if no, please explain.)*

- (b) Has your license to practice your profession ever been suspended or revoked or have you been asked to forfeit it? Rule 8.E.

Yes  No  Not Applicable *(if no, please explain.)*

- (c) Have you been disbarred by an attorney licensing authority in any state? Rule 8.E.

Yes  No  Not Applicable *(if no, please explain.)*

**SECTION IV. OBSERVATIONS - TO BE COMPLETED BY ALL APPLICANTS**

*(All applicants must complete this section.)*

**OBSERVATIONS**

I have observed two mediated settlement conferences conducted by a mediator(s) certified in North Carolina, at least one of which was ordered by a Superior Court. Rule 8.C.(1) and (2). *[Attach a copy of your certificates of observation signed by the mediator(s).]*

Date Of Observation	County Where Case Observed Was Filed	Name Of Mediator	Case/File No. Observed

**NOTE: Mediations must be conducted by at least two different mediators.** At least one of these mediations must be of a court ordered Superior Court case; the others may be of cases pending before and ordered into mediation by the North Carolina Industrial Commission, the North Carolina Office of Administrative Hearings, North Carolina Superior Court, North Carolina Court of Appeals or the U.S. District Courts for North Carolina. Domestic and prelitigation cases will not be considered and the mediation must have been observed from beginning through settlement or impasse.

**SECTION V. FARM MEDIATION - TO BE COMPLETED BY ALL APPLICANTS**

(All applicants must complete this section)

**1. PRE-LITIGATION FARM NUISANCE MEDIATION PROGRAM**

I  am  am not willing to be appointed or selected to conduct farm mediations pursuant to G.S. 7A-38.3.

**NOTE:** Copies of forms and rules for this program are available on line or through the Commission's Office.

**SECTION VI. AVAILABILITY - TO BE COMPLETED BY ALL APPLICANTS**

(All applicants must complete this section)

**1. INDICATE JUDICIAL DISTRICTS IN WHICH YOU WISH TO MEDIATE UPON PARTY SELECTION IN SUPERIOR COURT CIVIL ACTIONS:**

- All Judicial Districts
- Select Judicial Districts (Review the attached map and list districts below.)

\_\_\_\_\_

\_\_\_\_\_

**2. INDICATE JUDICIAL DISTRICTS IN WHICH YOU ARE WILLING TO ACCEPT COURT APPOINTMENTS TO MEDIATE SUPERIOR COURT CIVIL ACTIONS:\***

- Select Judicial Districts (Review the attached map and list districts below.)

\_\_\_\_\_

\_\_\_\_\_

\* The Commission will notify the above listed judicial districts of your interest in receiving court appointments. However, mediators should contact districts they have specified directly to learn of any local rules or policies relating to appointment of mediators and to verify their eligibility to receive court appointments. Contact information for local staff is available through this office. The AOC has posted local rules for some judicial districts on its website at [www.nccourts.org](http://www.nccourts.org).

**SECTION VII CLERK MEDIATION PROGRAM - TO BE COMPLETED BY ALL APPLICANTS**

(All applicants must complete this section)

**1. CLERK MEDIATION PROGRAM PARTICIPATION**

I  am  am not willing to conduct clerk program mediations pursuant to G.S. 7A-38.3B excluding mediations of guardianship and estate matters.

**NOTE:** If you are willing to participate, you will be forwarded information about accessing rules and forms.

**2. AVAILABILITY** (To be completed only by those mediators willing to participate in the Clerk Mediation Program.)

**a. INDICATE COUNTIES IN WHICH YOU WISH TO CONDUCT MEDIATIONS UPON PARTY SELECTION EXCLUDING MEDIATIONS OF GUARDIANSHIP AND ESTATE MATTERS.**

- All Counties
- Selected Counties (Review the attached map and list counties below.)

\_\_\_\_\_

\_\_\_\_\_

**b. INDICATE COUNTIES IN WHICH YOU WISH TO CONDUCT MEDIATIONS UPON CLERK APPOINTMENT EXCLUDING MEDIATIONS OF GUARDIANSHIP AND ESTATE MATTERS.\***

- Selected Counties (Review the attached map and list counties below.)

\_\_\_\_\_

\_\_\_\_\_

\* The Commission will notify the Clerks in the above listed counties of your interest in receiving appointments. However, mediators should contact counties they have specified directly to learn of any local requirements relating to appointment of mediators and to verify their eligibility to receive Clerk appointments. Contact information for local Clerk staff is available through the Commission's office.

- 3.  Please check here to receive a certification application packet to conduct mediations of guardianship and estate matters referred by Clerks of Superior Court.

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**SECTION VIII. CHARACTER**

*(All applicants must complete this section)*

**1. AUTHORIZATION AND RELEASE**

- (a) **ATTORNEY/JUDGE APPLICANTS:** I hereby authorize and request that the North Carolina State Bar, North Carolina Judicial Standards Commission, and/or the disciplinary agency of any other state in which I am licensed or have been licensed to practice or have served as a member of the judiciary, to provide to the North Carolina Dispute Resolution Commission information on all complaints filed against me, including but not limited to those administratively dismissed and those resulting in non-public discipline. In addition, I authorize any judge who has sanctioned me to provide the Commission with information about the circumstances surrounding the sanction.

Applicant's North Carolina Bar ID No. \_\_\_\_\_

If licensed to practice law in other states, complete the following:

State	Name Of Disciplinary Agency	Address	Telephone No.	Attorney's ID No.

- (b) **NON-ATTORNEY APPLICANTS:** I hereby authorize the licensing/certification or disciplinary agency(ies) listed below to provide to the North Carolina Dispute Resolution Commission information regarding the status of my license/certification and all complaints filed against me, including but not limited to those administratively dismissed or resulting in non-public discipline.

North Carolina Professional License/Certification No. \_\_\_\_\_

List name, address and telephone number of the North Carolina licensing/certifying agency:  
\_\_\_\_\_

If licensed/certified as a professional in other states, complete the following:

State	Name Of Disciplinary Agency	Address	Telephone No.	Applicant's ID No.

- (c) **ALL APPLICANTS WHO HAVE SERVED AS A NEUTRAL IN OTHER STATES:** I hereby authorize any entity responsible for qualifying and regulating the conduct of neutrals in any state where I served as a mediator or neutral to provide to the North Carolina Dispute Resolution Commission copies of all complaints filed against me in that state, including but not limited to those administratively dismissed or resulting in non-public discipline.

List all states in which you have served as a mediator or other neutral: \_\_\_\_\_

List agencies responsible for qualifying/disciplining mediators or other neutrals in the above states:

State	Name Of Qualifying/Disciplinary Agency	Address	Telephone No.

**2. REPORT OF CRIMINAL CONVICTIONS/DISCIPLINARY ACTIONS/CIVIL JUDGMENTS (Rule 8.E.)**

- (a) Have you ever been convicted of a crime *(excluding infractions)*? \*  Yes  No *(if yes, please explain!)*

\_\_\_\_\_

\* For purposes of this application, the term "convicted" shall mean that the applicant has experienced a determination of guilt resulting from a plea or a trial of a felony or misdemeanor, regardless of whether adjudication was withheld (PJC) or whether imposition of sentence was suspended. All convictions as an adult are to be reported whether they occurred in a state (North Carolina or another State), federal, military, or foreign court.

- (b) **Within ten (10) years of the date of this application;** Have you been subjected to disciplinary action by any professional/regulatory agency? Have you been sanctioned by a judge? Have you been the subject of any complaints, grievances, or other such matters filed before a professional/regulatory body or before an officer of the court?

Yes  No *(If a grievance or other complaint has been filed against you in the last ten (10) years, please attach a copy of the grievance and your response to it. Attach a copy of any document informing you that you were reprimanded, censured or otherwise disciplined.)*

\_\_\_\_\_

(c) Have any professional privileges held by you ever been suspended or revoked in any state at any time? Have you ever voluntarily relinquished any professional privilege or assumed inactive status in order to avoid suspension or loss of that privilege in any state at any time?

Yes  No  (If "yes" please explain below and identify the licensing/regulatory body involved and provide contact information)

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(d) I have completed and attached to my application form AOC-A-210, Criminal And Sex Offender Record Search, found at the back of this application.

(e) **Within ten (10) years of the date of this application:** Have any civil judgments been taken against you? Have any tax liens been filed against you? Have you filed for bankruptcy? (If yes, please explain below.)

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(f) Whether or not you were formally qualified, *i.e.*, certified, registered, *etc.*, have you ever been barred or suspended from serving as a mediator or as a neutral in any court, non-profit agency or other body?

Yes  No  (If "yes" please explain.)

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(g) I understand that once certified, I am required to report to the Dispute Resolution Commission within thirty (30) days of experiencing or being notified of: any criminal conviction(s); any disbarments(s), revocation(s) or suspension(s) of a professional license; any disciplinary complaint(s) filed with or action(s) taken by any professional licensing or regulatory body; any judicial sanction(s); any tax lien(s); any civil judgment(s); or any filing(s) for bankruptcy.

**CERTIFICATION RELEASE**

I, the undersigned, certify that I have given true, accurate and complete information on this application to the best of my knowledge. I am of good moral character, I will adhere to all ethical rules and other rules adopted by the Dispute Resolution Commission and all rules adopted by the Supreme Court of North Carolina for mediation of civil cases, and I agree to mediate indigent cases without pay. In signing below, I authorize any agencies, courts, or other bodies that I have listed in Section VIII above to release information about me to the NC Dispute Resolution Commission.

<b>SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME</b>		Date
Date	Signature	Signature Of Applicant
Title Of Person Authorized To Administer Oaths		Name And Address Of Applicant (Type Or Print)
<input type="checkbox"/> Notary	Date Commission Expires	
<b>SEAL</b>	County Where Notarized	

**FOR COMMISSION USE ONLY**

Pursuant to G.S. 7A-38.1 and the Supreme Court of North Carolina's Rules Governing Mediated Settlement Conferences, you are certified as a mediator to conduct trial court ordered mediated settlement conferences in superior court civil cases.

Date	Name (Type Or Print)	Signature
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# STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT  
Human Resources Division  
PO Box 2448  
Raleigh, NC 27602

Courier Box 56-10-50  
HumanResources@nccourts.org

## CRIMINAL AND SEX OFFENDER RECORD SEARCH

NAME		
Last Name	First Name	Middle Name

DRIVERS LICENSE		
Drivers License No.	State	Date Of Birth

ADDRESS		
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If you have moved within the last seven (7) years please complete the following information. Attach additional pages if necessary.

Current Street Address	Dates Of Residency	
	From	To
City	County	State
		Zip

Previous Street Address	Dates Of Residency	
	From	To
City	County	State
		Zip

Previous Street Address	Dates Of Residency	
	From	To
City	County	State
		Zip

PREVIOUS NAMES		
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List ALL previous names used and the effective dates of each (including married, maiden and aliases). Attach additional pages if necessary.

Last Name	First Name	Middle Name	Effective Dates
			From To
Last Name	First Name	Middle Name	Effective Dates
			From To
Last Name	First Name	Middle Name	Effective Dates
			From To

I certify that the information given is true and correct.

Date	Signature
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### TO BE COMPLETED BY HUMAN RESOURCES

#### Results Of Criminal Record Search

- No Record Found  
 Following Record(s) Found

#### Results Of Sex Offender Search

- No Record Found  
 Following Record(s) Found

Date	Offense	Date	Offense
Date	Offense	Date	Offense
Date	Offense	Date	Offense

Completed by	Completed by
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