

STATE OF NORTH CAROLINA

APPLICATION FOR CERTIFICATION TO CONDUCT GUARDIANSHIP AND ESTATE MEDIATIONS

G.S. 7A-38.3B, Rules Implementing Mediation in Matters Before The Clerk Of Superior Court

Name And Address Of Applicant	Date of Birth	Telephone No.
	Fax No.	E-mail Address

INSTRUCTIONS: Please type or print and mail this form with the required attachment to the NC Dispute Resolution Commission, P.O. Box 2448, Raleigh, NC 27602. There is no additional fee for this certification.

SECTION I. QUALIFICATIONS

- Pursuant to Clerk Mediation Program Rule 8.B., I am certified by the Dispute Resolution Commission to mediate in:

 Superior Court MSC Program, District Court FFS Program, Both Superior and District Court Programs.
- I have completed at least ten (10) hours of Dispute Resolution Commission approved training on estate and guardianship matters. Rule 8.B (Please attach a copy of your certificate of training to this application.)

Program Title	Date Training Conducted	Training Conducted By
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SECTION II. AVAILABILITY

- Indicate counties in which you wish to mediate Clerk referrals upon party selection*

 All counties

 Select counties (*List counties below*):

- Indicate counties in which you are willing to accept appointments to mediate Clerk referrals**

 Select counties (*List counties below*):

* The Commission will post notice of your availability on its web site, but does not directly notify attorneys or litigants of your certification and availability.

** The Commission will notify the Clerk in the counties you have selected above of your interest in receiving Clerk appointments to mediate. However, mediators should follow up with the Clerk in all counties selected to learn about local rules that affect appointment and to verify inclusion in the rotation for appointments. Contact information for Clerks can be obtained through the Commission's office.

- I agree to accept, as payment in full of a party's share of the mediator's fee, the fee ordered by the Clerk pursuant to Rule 7.

CERTIFICATION

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 continuing mediator education requirements, standards of professional conduct and other rules adopted by the Dispute Resolution Commission and all rules adopted by the Supreme Court of North Carolina for mediation of matters before Clerks of Superior Court.

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

FOR COMMISSION USE ONLY

Pursuant to G.S. 7A-38.3B and the Supreme Court of North Carolina's Rules Implementing Mediation in Matters Before Clerks of Superior Court, you are certified as a mediator to conduct Clerk referred mediations in estate and guardianship matters.

Date	Name (Type Or Print)	Signature
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