

STATE OF NORTH CAROLINA

**APPLICATION
FOR CERTIFICATION TO CONDUCT
FAMILY FINANCIAL MEDIATIONS**

G.S. 7A-38.4A; Rules Implementing Settlement Pro. In Family Fin. Cases

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 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 N.C. Dispute Resolution Commission. The Commission reserves the right to request additional information from applicants as needed to process their application.

SECTION I. EXPERIENCE

NOTE: All applicants must complete either Subsection 1 or Subsection 2 below:

1. I am applying as an Advanced Practitioner member of the Association for Conflict Resolution and I hold a four-year degree from an accredited college or university. Rule 8.A.1. (Attach a copy of a letter from ACR verifying your Advanced Practitioner status and a copy of your diploma.)

Or

2. I am applying as:
- a. a licensed Attorney or Judge of the General Court of Justice who has been licensed for at least five (5) years prior to the date of this application and who is a member in good standing of the State Bar of North Carolina or the Bar of some other state. Rule 8. A. 2.(a)

- (I) I am a graduate of the following accredited law school:

Name of Law School	Location	Date Graduated

- (II) I am a member in good standing of the following State Bar(s):

State	Date Admitted	License No

Or

- b. as a licensed Physician certified in psychiatry pursuant to NCGS 90-9 et seq., for at least five (5) years. Rule 8.A.2.(b)

License No.	Date Originally Issued

Or

- c. as a Psychologist licensed in North Carolina pursuant to NCGS 90-270.1 et seq., for at least five (5) years. Rule 8.B.2.(c)

License No.	Date Originally Issued

Or

- d. as a Marriage and Family Therapist licensed pursuant to NCGS 90-270.45 et seq., for at least five (5) years. Rule 8.B.2.(d)

License No.	Date Originally Issued

Or

- e. as a Clinical Social Worker licensed pursuant to NCGS 90B-7 et seq., for at least five (5) years. Rule 8.B.2.(e).

License No.	Date Originally Issued

Or

- f. as a Professional Counselor licensed pursuant to NCGS 90-329 et seq., for at least five (5) years. Rule 8.B.2.(f).

License No.	Date Originally Issued
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Or

- g. as a Certified Public Accountant certified in North Carolina for at least five (5) years. Rule 8.B.2.(g).

License No.	Date Originally Issued
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SECTION II. TRAINING

1. If applying pursuant to **Section I. 1** above as an Advanced Practitioner Member of ACR:

- I have completed a two-day basic family law CLE course sponsored by the North Carolina Bar Association or equivalent course work. Rule 8.A.

Name of Course Completed	Location	Date Completed
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(If the course submitted is not the two-day NCBA course, please indicate the sponsoring organization, the number of hours spent in training and provide an agenda.)

(To determine whether or not you are required to attend this course, refer to the Commission's policy on Interpreting and Implementing the Unnumbered Paragraph of Family Financial Settlement Rules 8.A.)

2. If applying pursuant to **Section I. 2.** above:

- a. I have completed a two-day basic family law CLE course sponsored by the North Carolina Bar Association or equivalent course work. Rule 8.A.

Name of Course Completed	Location	Date Completed
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(If the course submitted is not the two-day NCBA course, please indicate the sponsoring organization, the number of hours spent in training, and provide an agenda.)

(To determine whether or not you are required to attend this course, refer to the Commission's policy on Interpreting and Implementing the Unnumbered Paragraph of Family Financial Settlement Rules 8.A.)

And

- b. (i) I have completed a forty (40) hour family and divorce mediation training approved by the Dispute Resolution Commission Rule 8.A.2. (Attach a copy of the certificate issued by your trainer.)

Program Title	Date Completed	Training Conducted By
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* If the 40-hour training you completed was taken out-of-state or has not been approved by the Commission's office, you must contact the Commission's office and must demonstrate that your training substantially complies with Rule 9.

Or

- (ii) I am certified by the Dispute Resolution Commission to conduct mediated settlement conferences in Superior Court and I have completed a Commission approved 16-hour supplemental family and divorce mediation training course. Rule 8.A.2. (Attach a copy of the certificate or letter issued by your trainer.)

Program Title	Date Completed	Training Conducted By
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3. Whether applying pursuant to I.1 or I. 2 above, non-attorneys or attorneys licensed in other states must complete a. **or** b. below:

- a. I am not licensed to practice law in one of the United States and I have completed a six hour training course on North Carolina legal terminology, court structure and civil procedure. Rule 8.B. (Attach a copy of a certificate or letter issued from your trainer.)

Date Course Completed	Training Conducted By
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Or

- b. I am licensed to practice law in a state other than North Carolina and I have completed at least six hours of independent study in North Carolina legal terminology, court structure, and civil procedure. Rule 8.B. (Attach a letter describing the materials you studied.)

(Over)

SECTION III. LETTERS OF REFERENCE

I am not a member of the Bar in any one of the United States and have attached three letters of reference to this application as to my good character and experience. Rule 8.C.

SECTION IV. OBSERVATIONS - TO BE COMPLETED BY ALL APPLICANTS

(INSTRUCTIONS: All applicants must complete subsection a. below. Applicants who are not licensed to practice law in one of the United States, must also complete subsection b.)

Observations:

- a. I have observed, with the permission of the parties, two (2) mediated settlement conferences involving custody and/or family financial issues and which were conducted by a mediator who is certified pursuant to the FFS Rules, who is an Advanced Practitioner Member of the Association for Conflict Resolution (ACR) or who is a custody mediator with the Administrative Office of the Courts. Rule 8.D. (Attach certificates of observation to your application.)

Date Of Observation	Name Of Mediator Observed	County In Which Observation Completed	Hours Spent At Mediation	Case/File No. If Applicable

- b. I am a non-attorney applicant for certification and I have completed the following three (3) additional observations as required by Rule 8.D.*

Date Of Observation	Name Of Mediator Observed	County In Which Observation Completed	Hours Spent At Mediation	Case/File No. If Applicable

NOTE: * Cases observed must have been ordered to mediation by State or Federal Courts in North Carolina having rules for mandatory mediation similar to the Family Financial Rules.

SECTION V. 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.

(Over)

(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 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 licensing/disciplining mediators or other neutrals in the above states:

State	Name Of Licensing/Disciplinary Agency	Address	Telephone No.

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

(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, including any that are pending?

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.)

(d) Please complete and attach to your 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.)

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

Yes No (If "yes" please explain.)

(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; 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.

(Over)

SECTION VI. AVAILABILITY TO BE COMPLETED BY ALL APPLICANTS

INSTRUCTIONS: *All applicants must complete this section.*

1. INDICATE JUDICIAL DISTRICTS IN WHICH YOU WISH TO MEDIATE UPON PARTY SELECTION IN FAMILY FINANCIAL CASES:

- All Judicial Districts
- Selected 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 IN FAMILY FINANCIAL CASES:

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

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.

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 in guardianship and estate matters referred by Clerks of Superior Court.

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 equitable distribution and other family financial cases, and I agree to mediate indigent cases without pay. In signing below, I authorize any agencies, courts or other bodies I have listed in Section VIII above to release information about me to the Dispute Resolution Commission.

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

(Over)

FOR COMMISSION USE ONLY

Pursuant to G.S. 7A-38.4A and the Supreme Court of North Carolina's Rules Implementing Settlement Procedures in Equitable Distribution and Other Family Financial cases, you are certified as a mediator to conduct court ordered mediated settlement conferences in equitable distribution and other family financial cases.

Date

Name (Type Or Print)

Signature

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
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Previous Street Address	Dates Of Residency	
	From	To

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

City	County	State	Zip
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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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