

(Form 1)

**Arkansas Appellate Mediation Pilot Program
Mediator Background**

PLEASE PRINT OR TYPE

Name:

Firm or Agency:

Street or P.O. Box:

City/State/Zip:

Phone #:

Fax #:

E-mail:

1. List the types of mediation training you have had and all mediation certifications, together with the year you received the certifications.

2. List any relevant professional licenses, certifications or memberships currently held, together with the license or certification number and year issued.

3. Check your areas of substantive expertise:

Administrative agencies Employment/Labor Personal injury Arbitration
Environment Probate Attorney fees Family law Products liability
Business/Contract Health care Professional negligence Construction Housing
Public entity Corporate Insurance Real property Defamation Intellectual
property Securities Domestic violence Landlord/Tenant Workers' compensation
 Eminent domain Medical malpractice Wrongful death

Other (specify): _____

4. What is your standard hourly fee for mediation?

5. Briefly describe your actual mediation experience and your appellate experience.

6. Have you mediated an appellate case? If yes, please briefly state when, where, and the type of case mediated.

7. List any languages, other than English, in which you can conduct a mediation.

Please read and sign the following agreement:

I agree to be bound by the Arkansas Appellate Mediation Rules.

I agree to adhere to the Arkansas Alternative Dispute Resolution Requirements for the Conduct of Mediation and Mediators.

I agree to waive any and all claims against the Alternative Dispute Resolution Commission in connection with my mediation of any court-referred dispute.

Signature:

Date: _____

Mail this form to:

Appellate Mediation Office
Alternative Dispute Resolution Commission
Justice Building
625 Marshall St.
Little Rock, Arkansas, 72201