

**APPENDIX F (LOCAL RULE 5.22)**

**MEDIATOR QUALIFICATION QUESTIONNAIRE**

Name \_\_\_\_\_

Business Address \_\_\_\_\_

Telephone \_\_\_\_\_

List any formal post-law school training for mediation (including seminars). Include the dates of the formal training:

List the number of cases you acted as mediator:

Check off the following areas you feel confident in mediating:

Tort	_____
Commercial	_____
Products Liability	_____
Administrative Appeals	_____
Workers Compensation	_____

List any professional associations affiliated with mediation:

By submitting this application, I acknowledge I am familiar with Local Rule 7.05 on mediation, and I agree to comply with those rules.

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Signature

**\*This application must be submitted to:**

**Manager, Court Administration  
Government Services Center  
315 High Street, 3<sup>rd</sup> Floor  
Hamilton, Ohio 45011**