

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 5.22 on mediation, and I agree to comply with those rules.

Signature

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

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