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**APPLICATION FOR PLACEMENT ON MEDIATOR LIST  
FOR REFERRALS FROM FAMILY COURT**

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To be placed on a Family Court Circuit Mediation List, the applicant must meet all requirements established by the West Virginia Supreme Court. To apply for placement, applicants must complete and verify this form and submit all required documentation to the Administrative Office of the West Virginia Supreme Court by mailing the form and documentation to the Family Court Program Coordinator, Room E-100, State Capitol Building, Charleston, WV 25305.

**General Information**

Please print or type the following information:

\_\_\_\_\_  
Name (First/Middle/Last)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Daytime Phone Number (Please include area code)

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Fax Number (Please include area code)

\_\_\_\_\_  
Date form completed

\_\_\_\_\_  
Email Address

**College or University Education**

I have been awarded the following degree(s) from an accredited four-year institution:

Check all Applicable:

- A.     Member of WV State Bar  
        WV licensed Social Worker  
        WV licensed Psychologist  
        WV licensed Counsel  
        Other WV professional licensure (Please provide details):

\_\_\_\_\_  
\_\_\_\_\_

B.     Date of licensure: \_\_\_\_\_

If you have not checked any of the above in A of this section regarding licensure, then you must complete the following.

College or University: \_\_\_\_\_ Degree awarded: \_\_\_\_\_

Major emphasis of study: \_\_\_\_\_ Year degree awarded: \_\_\_\_\_

College or University: \_\_\_\_\_ Degree awarded: \_\_\_\_\_

Major emphasis of study: \_\_\_\_\_ Year degree awarded: \_\_\_\_\_

Please attach a copy of your diploma(s) or official transcript.

**Specific Family and Family Law Mediation Training**

I have completed a forty-hour domestic relations course approved by the West Virginia Supreme Court for mediation training.      Yes /      No

I completed this forty-hour training on the following date: \_\_\_\_\_

The course of training was conducted by: \_\_\_\_\_

in this city and state: \_\_\_\_\_

Are you currently a member of a professional mediation organization, if yes please name:

\_\_\_\_\_

***Please attach a copy of your certificate for completion of this course of training.***

If you have **not** completed a forty-hour domestic relations course approved by the West Virginia Supreme Court for mediation training, the Court will consider for this purpose other training if you have been certified as a family mediator in another state:

1. Attach to this application all documents and certifications verifying your training and status;
2. List the number of family mediations that you have conducted;
3. List the names of jurisdictions and contact persons in those jurisdictions who can verify your status;
4. List the dates during which you conducted family mediations in those jurisdictions;
5. Attach to this application all documents and certifications verifying your training and status;
6. List the dates, trainers, locations, and descriptions of training you have received regarding the dynamics and other significant issues of domestic/family violence; and
7. List the dates, trainers, locations, and descriptions of training you have received regarding issues effecting the balance of power between parties in mediation.

**Observations of Family Court Mediations**

I have completed **two** observations of Family Court mediations by experienced Family Court mediators.

Yes /      No

Observation No. 1: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Observation No. 2: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

**Co-Mediations with Experienced Mediator**

I have completed **three** co-mediations with experienced Family Court mediators.

Yes /      No

Co-Mediation No. 1: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Co-Mediation No. 2: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Co-Mediation No. 3: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

**Professional Liability Insurance**

I have professional mediation malpractice liability insurance coverage. Yes / No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Time period covered by the policy: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Minimum coverage: \$500,000/\$500,000.

**Continuing Education in Family Court Mediation**

I agree to present every two years to the Administrative Office of West Virginia Supreme Court verification that I have completed continuing education including the following as required by Family Court procedure:

A minimum of twelve hours of Family Court mediator continuing education including;

1. eight hours of instruction in Family Court mediation;
2. two hours of skill development, demonstration, observation and evaluation; and
3. two hours of instruction and skill development in Family Court mediation ethics.

**Required Information**

If you answer yes to any of the following, please include applicable dates and jurisdictions, in addition to providing a factual explanation.

I have been convicted of a felony, a violent misdemeanor, or a domestic battery or assault. Yes / No

Have you ever had your license to practice law suspended or revoked. Yes / No

I have had a family violence, domestic violence, or child abuse or neglect case or Petition filed against me.

Yes / No If yes, please state how many. \_\_\_\_\_

I have had a family violence or domestic violence Order filed against me.

Yes / No If yes, please state how many. \_\_\_\_\_

**Other Requirements**

I agree to abide by the standards of practice established for Family Court mediation by the West Virginia Supreme Court of Appeals. Yes/ No

There are facts about which I have knowledge that adversely bear upon my veracity, my qualifications, my ability, and/or my fitness to properly, safely, and fairly mediate disputes. Yes / No

If the response to the above listed statement was "Yes", I list those facts here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have never had my ability, privilege, license, or right to mediate disputes revoked or canceled in any jurisdiction.

Yes / No

I have mediated disputes and/or have applied for the right, privilege, or license to mediate disputes in the following jurisdictions:

\_\_\_\_\_  
\_\_\_\_\_

**Agreement to Render a Proportional Number of Pro Bono Mediation Hours**

Please answer the following question, but an agreement to do pro bono mediation is **not** a mandatory requirement to be placed on the list.

I agree to accept and mediate a number of cases referred by the West Virginia Family Court for no charge at a rate proportional to the percentage of pro bono cases within the Family Court Circuit(s) from Circuits within which I have applied to serve as a mediator.

Yes / No

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**VERIFICATION**

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By signing this document, I hereby verify and swear that I have completed the above listed education, Family Court mediation observations and co-mediations, that I have obtained professional malpractice insurance which provides the West Virginia Supreme Court required coverage and that all of the answers and responses which I have given on this application to be true and accurate.

\_\_\_\_\_  
Applicant

Taken, subscribed, and sworn or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_.