

**Appellate Mediation Program  
Mediator Application**

Please Print or Type Application

Name:	<input type="text"/>	Firm or Agency	<input type="text"/>		
Street or P.O.	<input type="text"/>	City/State	<input type="text"/>		
County	<input type="text"/>	Zip	<input type="text"/>	State Bar No.	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>		
Email	<input type="text"/>				

1. Have you completed the Alabama Appellate Mediation Training? If so, please attach a copy of your certificate.

2. List the types of mediation training in which you are registered and the dates you received the training.

3. Describe the subject matter of disputes, if any, for which you have been a mediator in the past five years, with dates. Do not give the names of the parties. State whether you were a sole mediator or a co-mediator.

4. State the name of any organizations for which you have provided mediation services during the past five years.

5. Check your areas of substantive expertise:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Administrative Agencies | <input type="checkbox"/> Arbitration             | <input type="checkbox"/> Attorney Fees   | <input type="checkbox"/> Business / Contract   |
| <input type="checkbox"/> Construction            | <input type="checkbox"/> Corporate               | <input type="checkbox"/> Defamation      | <input type="checkbox"/> Domestic Relations    |
| <input type="checkbox"/> Eminent Domain          | <input type="checkbox"/> Employment / Labor      | <input type="checkbox"/> Environment     | <input type="checkbox"/> Family Law            |
| <input type="checkbox"/> Health Care             | <input type="checkbox"/> Housing                 | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Landlord / Tenant       | <input type="checkbox"/> Medical Malpractice     | <input type="checkbox"/> Personal Injury | <input type="checkbox"/> Probate               |
| <input type="checkbox"/> Products Liability      | <input type="checkbox"/> Professional Negligence | <input type="checkbox"/> Public Entity   | <input type="checkbox"/> Real Property         |
| <input type="checkbox"/> Securities              | <input type="checkbox"/> Workers' Compensation   | <input type="checkbox"/> Wrongful Death  |  |

Other (specify):

6. What is your fee for mediation?

7. How many years have you been in active practice? In none, please explain.

8. What is or was the nature of your practice?

9. Are you certified in any specialty? If so, please list.

10. What percentage of your practice has been representing plaintiffs?

What percentage of your practice has been representing defendants?

11. Describe your appellate experience.

12. Have you mediated an appellate case? Please state when, where, and the type of case mediated.

13. Is your mediation style facilitative or evaluative? Please explain.

14. Please state any restrictions on your ability to travel throughout the State of Alabama.

15. Would you be willing to conduct a mediation by telephone conference if necessary?

Yes

No

16. 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 Alabama Supreme Court's Appellate Mediation Rules.*
- \* *I agree to waive any and all claims against the appellate court in connection with my mediation of any court-referred dispute.*
- \* *I agree to mediate pro bono two cases each year.*
- \* *I agree to adhere to the Alabama Code of Ethics for Mediators.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail to: Alabama Appellate Mediation Office  
300 Dexter Avenue  
Montgomery, AL 36104-3741

or Email: [mediation@alappeals.gov](mailto:mediation@alappeals.gov)

Any questions call: 334-229-0656