

(Form 1)
Alabama Appellate Mediator Application
PLEASE PRINT OR TYPE APPLICATION

Name: _____ Firm or Agency: _____
Street or P.O. Box: _____ City/Town: _____
County: _____ Zip Code: _____
Phone: _____ Fax No: _____
E-mail: _____ State Bar No: _____

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

2. List the types of mediation training you have completed 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 the 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 organization 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"/> Employment/Labor	<input type="checkbox"/> Personal Injury
<input type="checkbox"/> Arbitration	<input type="checkbox"/> Environment	<input type="checkbox"/> Probate
<input type="checkbox"/> Attorney Fees	<input type="checkbox"/> Family Law	<input type="checkbox"/> Products Liability
<input type="checkbox"/> Business/Contract	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Professional Negligence
<input type="checkbox"/> Construction	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Entity
<input type="checkbox"/> Corporate	<input type="checkbox"/> Insurance	<input type="checkbox"/> Real Property
<input type="checkbox"/> Defamation	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Securities
<input type="checkbox"/> Domestic Relations	<input type="checkbox"/> Landlord/Tenant	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Eminent Domain	<input type="checkbox"/> Medical Malpractice	<input type="checkbox"/> Wrongful Death

Other (specify): _____

6. What is your fee for mediation?
7. How many years have you been in active practice? If none, please explain.
7. What is, or was the nature of your practice?
8. Are you certified in any specialty? If so, please list.
9. What percentage of your practice represents plaintiffs _____/defendants _____?
10. Describe your appellate experience.
11. Have you mediated an appellate case? Please state when and the type of case mediated.
12. Is your mediation style facilitative or evaluative? Please explain.
13. Do you have any restrictions on your ability to travel throughout the State.
14. Would you be willing to conduct a mediation by telephone conference if necessary?
_____ Yes _____No

15. 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 Rules of Appellate Mediation.*

§ *I agree to waive any, and all claims against the appellate court regarding my participation in the mediation of any court-referred dispute.*

§ *I agree, if asked, to mediate two pro bono cases each year.*

§ *I agree to adhere to the Alabama Code of Ethics for Mediators.*

Signature: _____

Date: _____

Return this application with copies of any mediation training certificates to:

Appellate Mediation Office
300 Dexter Avenue
Montgomery, Alabama 36104-3741
or mediation@alappeals.gov

F1/2017