

IN RE: APPLICATION AND CONSENT TO SERVE AS MEDIATOR

RULE 30, GEAUGA COUNTY LOCAL RULES

Name: _____

Address: _____

Office Phone: _____ **Fax Number:** _____

E-mail address: _____

Attorney Registration #: _____

Preferred Areas to Mediate (employment, motor vehicle accidents, construction, etc):

For Domestic/Family Law Practitioners:

- | | | |
|---|------------|-----------|
| 1) I represent I have the qualifications set forth in Rule of Superintendence 16 (C)(1), including 40 hours specialized training to mediate allocation of parental rights and responsibilities, the care, or visitation with, minor children, etc | _____ | _____ |
| | YES | NO |
| 2) For cases when violence or fear of violence is alleged, reported, or present. I represent I have the qualifications set forth in Rule of Superintendence 16(C)(2), including the 14 hours specialized training. | _____ | _____ |
| | YES | NO |

I represent I have reviewed Rule 30, R.C. Section 3109.052, The Ohio Mediation Act (R.C. Chapter 2710) and Rule of Superintendence 16. I agree to fully abide by the requirements of each. I agree to conduct mediation of cases pending in the Geauga County Court of Common Pleas which have been referred to me by the Court or parties in conformance with the foregoing, and to accept the compensation provided for referred cases or in accordance with the agreement of the parties.

Signature

Date

Geauga County Court of Common Pleas
Mediation Program
100 Short Court
Chardon, OH 44024