

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA**

MEDIATOR REGISTRY APPLICATION

Instructions: Please complete this application and return it to the Clerk of Court, United States Bankruptcy Court, 401 South Michigan Street, South Bend, IN, 46601. If you require additional space to provide complete information, please attach additional sheets as necessary.

1. Name & Address

Name: _____ Attorney Number: _____
Mediator Number (if registered): _____
Business Address: _____
Telephone: _____ Fax: _____ E-Mail: _____

2. Education

Degree: _____ Year Obtained: _____
College or University: _____
Degree: _____ Year Obtained: _____
College or University: _____
Degree: _____ Year Obtained: _____
College or University: _____

3.

Professional License(s)

Type: _____ State Issued: _____ Date: _____ License No.: _____

Current Status: _____

Type: _____ State Issued: _____ Date: _____ License No.: _____

Current Status: _____

Type: _____ State Issued: _____ Date: _____ License No.: _____

Current Status: _____

4.

Mediator Training & Experience

Check One

Are you certified as a mediator by the State of Indiana?

Yes

No

Are you certified as a mediator by another state, agency, or other organization?

Yes

No

(If Yes to either question above) Attach certificate(s) of attendance for each program you wish the court to consider in determining your mediator qualifications.

Have you ever been subject to disciplinary action as a mediator?

Yes

(If Yes) Please attach a statement explaining the current status and outcome of each action.

No

Mediation Experience

Type of Mediation _____ Location _____ Date _____

Type of Mediation _____ Location _____ Date _____

Type of Mediation _____ Location _____ Date _____

5. Are you an attorney licensed in the State of Indiana?
If you are a licensed attorney, are you currently in good standing?
(If No) Please attach a statement explaining your current status.

Check One
Yes No
Yes No

6. Have you ever been convicted of a felony?
(If Yes) Please attach a statement explaining the circumstances of your conviction.

Check One
Yes No

7. Have you ever been the subject of any disciplinary action affecting your professional license(s)? *(If Yes) Please attach a statement explaining the current status and outcome of each action.*

Check One
Yes No

8. Have you ever resigned from a professional organization or surrendered a professional license while an investigation was pending into allegations of misconduct? *(If Yes) Please attach a statement explaining the circumstances surrounding your resignation.*

Check One
Yes No

9. Do you agree to accept at least two pro bono mediator appointments annually?

Check One
Yes No

I affirm under the penalties of perjury that the foregoing representations are true.

I understand that I have a continuing duty to supplement this information and will immediately notify the court of any event that would, in accordance with the local rules and general orders of this court, be the basis for the refusal of this application.

I have read the court's Rules/General Order governing the Alternative Dispute Resolution Program for the United States Bankruptcy Court for the Northern District of Indiana, and agree to abide by the provisions and procedures set forth therein.

Signature

Date

The following information will not influence the approval of your application, but will be provided to the parties to enable them to make an informed decision during the selection of a mediator.

Travel & Hourly Rates

Are you willing to travel within the district to mediate cases? *Check One*
Yes No

Hourly Rate \$ _____ Hourly Rate during travel \$ _____

I prefer to mediate cases that deal with the following substantive areas of the law:

