	COUNTY CIRCUIT COURT
	COOM COOK

COURT-CONNECTED DOMESTIC RELATIONS MEDIATOR APPLICATION

(Please note that your application will be on file and available for public inspection)

1.	1. Name:		
	Business Name:		
2.	Mailing/Office Address:		
3.	Phone: Email:		
4.	4. Application for (applicant may choose one or both): ☐ Custody and Parenting Time Mediation Panel		
	☐ Domestic Relations Financial Mediation Panel		
5.	5. Please include a copy of your resume with your application.		
	☐ A copy of my resume is attached.		
6.	Please list all languages spoken proficiently:		
	☐ I am qualified to mediate in the above listed language(s).		

DOMESTIC RELATIONS CUSTODY AND PARENTING TIME MEDIATOR

Requirements for Education, Training, Mediation Experience, and Malpractice Insurance

I. EDUCATION

Oregon Uniform Trial Rules <u>Chapter 12</u> requires that all court-connected domestic relations mediators must possess one of the following (unless a waiver or substitution is granted)):

Option 1	Option 2		
\square Master's or \square Doctoral Degree from an	☐ Juris Doctorate degree from an		
accredited college or university in:	accredited law school with either:		
□ counseling	☐ coursework in family Law		
□ psychiatry	☐ CLE credits in family Law		
□ psychology	Please describe the family law CLEs or		
□ social work	coursework:		
\square marriage and family therapy			
□ mental health			
Option 3	Option 4		
 □ Master's or □ Doctoral Degree from an accredited college or university, with coursework in human behavior, in a subject relating to: □ children & family dynamics □ education □ communication □ conflict resolution PLUS At least 1 year post graduate experience serving families (list full-time equivalent experience): □ years in social work □ years in mental health 	 □ Bachelor's Degree, with coursework in a behavioral science, related to: □ family relationships □ child development □ conflict resolution PLUS At least 7 years post-graduate experience serving families (list full-time equivalent experience): □ years in social work □ years in mental health □ years in conflict resolution 		

DOMESTIC RELATIONS CUSTODY AND PARENTING TIME MEDIATOR

Requirements for Education, Training, Mediation Experience, and Malpractice Insurance

II. TRAINING

Oregon Uniform Trial Rules <u>Chapter 12</u> requires that all court-connected domestic relations mediators must have completed training in each of the following areas:

	30 Hour Basic Mediation Training (as described in UTCR 12.100) Name of Trainer/Provider:			
	Dates Attended: Total Hours of Training:			
	Did you include a copy of your training certificate with your application? ☐ Yes ☐ No (please describe):			
	40 Hour Domestic Relations Custody and Parenting Mediation Curriculum (as described in UTCR 12.110)			
Name of Trainer/Provider:				
	Dates Attended:			
	Total Hours of Training:			
	Did you include a copy of your training certificate with your application? ☐ Yes ☐ No (please describe):			
	8-hour Court Systems Training (as described in UTCR 12.130) Name of Trainer/Provider:			
	Dates Attended:			
	Total Hours of Training:			
	Did you include a copy of your training certificate with your application? ☐ Yes ☐ No (please describe):			
	Or Substantially Similar Training Please describe:			
				

DOMESTIC RELATIONS CUSTODY AND PARENTING TIME MEDIATOR

Requirements for Education, Training, Mediation Experience, and Malpractice Insurance

III. MEDIATION EXPERIENCE

Oregon Uniform Trial Rules <u>Chapter 12</u> requires that all court-connected domestic relations mediators must have completed <u>at least one</u> of the following types of experience (check all that apply):

OPTION 1:
☐ I participated in at least 20 cases including a total of at least 100 hours of domestic relations mediation supervised by or co-mediated with a qualified domestic relations custody and parenting time mediation supervisor under UTCR 12.070(7). At least ten of those cases and 50 hours were in custody and parenting time mediation, and at least three of those custody and parenting time mediation cases were directly observed by the qualified mediation supervisor.
Name of the person who supervised your cases:
OPTION 2:
☐ I have at least two years full-time equivalent experience in any of the following:
□ mediation
☐ direct therapy or counseling with an emphasis on short-term problem solving
☐ practicing attorney handling a domestic relations or juvenile caseload
AND
☐ I have participated as a mediator or co-mediator in a total of at least ten cases including at least 50 hours of domestic relations custody and parenting time mediation, and;
☐ I have an understanding of court-connected domestic relations programs. Please describe how:
Please describe how you meet the mediation experience requirements above (include number
of cases, types of cases, dates of mediation experience, and if option 2, a description of your
relevant full-time experience):

DOMESTIC RELATIONS FINANCIAL MEDIATOR

Requirements for Education, Training, Mediation Experience, and Malpractice Insurance

Skip to page 7 if you are not applying to be a financial mediator

IV. REQUIREMENTS TO BE A DOMESTIC RELATIONS FINANCIAL MEDIATOR ONLY

Oregon Uniform Trial Rules <u>Chapter 12</u> requires that all applicants must meet the below additional requirements (UTCR 12.080) to mediate domestic relations financial issues:

addit	tional requirements (UTCR 12.080) to mediate domestic relations financial issues:
Α.	Education:
	$\hfill \square$ I meet the education requirements for a domestic relations custody & parenting time mediator and have indicated such qualifications above on page 2.
В.	Training:
	\Box I meet the training requirements for a domestic relations custody & parenting time mediator and have indicated such qualifications above on page 3, and;
	\square I completed the 40-hour Domestic Relations Financial Mediation Training (UTCR 12.120):
	Name of Trainer/Provider:
	Dates Attended:
	Total Hours of Training:
	Did you include a copy of your training certificate with your application?
	☐ Yes ☐ No (please describe):
C.	Experience:
	OPTION 1:
	☐ I participated in at least 20 cases including a total of at least 100 hours of domestic relations mediation that was supervised or co-mediated by a qualified domestic relations financial mediation supervisor under UTCR 12.080(8). At least ten cases and 50 hours were in domestic relations financial mediation, and at least 3 of those domestic relations financial mediation cases were directly observed by the qualified mediation supervisor.
	Name of the person who supervised your mediation cases:

DOMESTIC RELATIONS FINANCIAL MEDIATOR

Requirements for Education, Training, Mediation Experience, and Malpractice Insurance

OPTION 2:
☐ I have at least two years full-time equivalent experience in any of the following:
☐ mediation
□ direct therapy or counseling with an emphasis on short-term problem solving
 □ practicing attorney handling a domestic relations or juvenile caseload
AND
☐ I have participated as a mediator or co-mediator in a total of at least ten cases including a total of at least 50 hours of domestic relations financial mediation; and
☐ I have an understanding of court-connected domestic relations programs.
Please describe how you meet the domestic relations financial mediator requirements
(include number of cases, types of cases, dates of mediation experience, and if option 2,
include 1). a description of your relevant full-time experience and 2). how you acquired
your understanding of court-connected domestic relations programs):
Malpractice Insurance
☐ I certify I shall maintain at least \$100,000 in malpractice insurance or self-insurance
with comparable coverage.
Name of insurance company:
Amount of coverage:

D.

MEDIATOR ETHICS

Required for Domestic Relations Custody and Parenting Time Mediator & Domestic Relations Financial Mediator

V. SUBSTITUTION OR WAIVER OF QUALIFICATIONS

The court's determining authority may allow a substitution or waiver for any of the minimum qualifications for an approved mediator.

A. Do you meet all of the requirements for the area of practice(s) for which you are applying?				
В.	If you marked No:			
	1.	Which section of the requirements do you not meet?		
	2.	Are you requesting a substitution or waiver of the above-listed requirements?		
	3.	Have you attempted to meet the requirements?		
		If yes, what barriers are you facing in meeting the requirements:		
	4.	If you are requesting a substitution, please describe how you plan to meet the minimum requirements? Please explain your plan and timeline:		
	5.	If you are requesting a waiver, what other applicable education, training, or experience do you have that qualifies you to mediate? Please explain:		
	6.	If you are requesting a waiver, please describe any justifications for why a waiver should be approved:		

MEDIATOR ETHICS

Required for Domestic Relations Custody and Parenting Time Mediator & Domestic Relations Financial Mediator

VI. MEDIATOR ETHICS

A.	I have read and agree to comply with the mediator ethics outlined in UTCR 12.040. I		
	subscribe to the following code of professional ethics, standards or principles (e.g. OMA		
	OSB, ACR):		
В.	I certify that I am currently in good standing with all regulatory authorities of my		
	profession. I hereby authorize the Oregon Judicial Department to inquire with any		
	professional associations and licensing authorities that I am associated with regarding		
	disciplinary history and pending complaints. I am licensed with the following agencies:		
	□ Oregon State Bar		
	\square Board of: \square Psychologists \square Counselors and Therapists \square Clinical Social Workers		
	□ Other:		
C.	I agree to keep the court informed of any changes in my licensure status and		
	qualifications to be listed as a mediator.		
D.	I agree to provide and maintain publicly available information as outlined in UTCR		
	12.050 <i>(initial)</i>		
E.	In addition, I agree to comply with the continuing education requirement for court-		
	connected mediators in UTCR Chapter 12.140 (initial)		

Application References and Signatures

References =				
Please list at least three ref	erences who can attest t	o your ability to mediate	e domestic relations	
mediation cases. Please inc	lude the name of the pe	rson(s) who supervised y	our mediation experience	
hours if applicable:				
Name of reference	Relationship to you	Phone Number	Email Address	
	1		_ 1	
By signing this mediator ap	plication, I acknowledge	that the information pro	vided is correct. I	
understand this information	n may be verified, refere	nces/programs may be o	contacted, and I expressly	
consent to the release of in	formation.			
Signature	Signature Date			

Print Name