

ADMINISTRATIVE OFFICE OF THE NINETEENTH JUDICIAL CIRCUIT



Lake County, Illinois

Lake County Courthouse
18 North County Street
Waukegan, IL 60085-4359

TDD: 847.360.2975
Fax: 847.984.5613
Phone: 847.377.3600

Lake County Arbitration Center
415 W Washington Street, Suite 106
Waukegan, IL 60085-4359

TDD: 847.360.2975
Fax: 847.263.7758
Phone: 847.377.3700

Instructions for Certification as a Court Approved Mediator

These instructions and the attached Petition for Certification As Court Approved Mediator form are for use in connection with:

The Lake County Family Mediation Program pursuant to Local Rule 11.13

The Lake County Civil Mediation Program pursuant to Local Rule 20.00

The Lake County Probate Mediation Program pursuant to Local Rule 14.28

Individuals interested in being approved to serve as a mediator should send a completed Petition for Certification As Court Approved Mediator form and all attachments required by the petition to:

Lake County Arbitration Center
415 W. Washington Street, Suite 106
Waukegan, IL 60085

For questions, please call the Arbitration Center at 847-377-3700.

The petition will be forwarded to the appropriate judge for consideration and you will be notified whether your Petition has been granted or denied.

Please refer to the Local Rules of the 19th Judicial Circuit for the most current qualification requirements.

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS**

IN THE MATTER OF THE CERTIFICATION OF _____
(name of applicant)

PETITION FOR CERTIFICATION AS COURT APPROVED MEDIATOR

Now comes _____,
(name of applicant)

and petitions The Honorable Presiding Judge for certification as a court approved Mediator and in support thereof states as follows:

1. I am petitioning for certification for:

- The Lake County Family Mediation Program pursuant to Local Rule 11.13
- The Lake County Civil Mediation Program pursuant to Local Rule 20.00
- The Lake County Probate Mediation Program pursuant to Local Rule 14.28

2. I have satisfactorily completed a 40-hour mediation program, proof of which is attached as Exhibit A. (For the Family Mediation Program the program must be divorce specific.)

3. I have have not completed training specific to domestic violence, child abuse, substance abuse and mental illness, proof of which is attached as Exhibit B. I understand that the presence of domestic violence, child abuse, substance abuse and/or mental illness may impair the abilities of the parties to negotiate effectively. (not required for Civil Mediators)

4. a) I have a degree in law, (required for Civil and Probate Mediators)

or

b) I have a graduate degree in

- | | |
|---|--|
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Human Development |
| <input type="checkbox"/> Family Counseling | |
| <input type="checkbox"/> Other field of behavioral science substantially related to marriage and family counseling. | |

Specify: _____

Other field of study: _____

5. I have a valid license from the State of Illinois to practice my profession, proof of which is attached as Exhibit C.

6. I am a member in good standing in the following professional organization(s).

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. If you have been engaged in the practice of law, indicate the approximate percentage of time devoted to the following types of practice. ("Litigation" includes, in addition to actual time in court or tribunal, preparation therefore. "Court" indicates federal and state judicial system; "Trib" indicates quasi-judicial tribunals, e.g. Industrial Commission, NLRB hearings, etc.; "Non-Lit" indicates practice not involving litigation.)

Type of Practice	Litigation Court %	Litigation Other Trib. %	Non-Lit %
Anti-Trust & Trade Regulation			
Bankruptcy			
Chancery			
Corporate and Securities			
Criminal (Felony)			
Criminal (Misd./Traffic)			
Environmental			
Family Law			
Labor Relations			
Patent			
Probate & Estate Planning			
Real Estate			
State & Local Government			
Tax (Federal)			
Tax (State, Local)			
Tort (Personal Injury)			
Tort (P.D., Subrogation)			
Worker's Compensation			
Other:			
Other:			

8. A) Jury Trial Experience (Please state your jury trial experience in actual or approximate numbers.)

	Jury Cases to Verdict		Jury Cases Started But Which Did Not go to Verdict	
	Civil	Criminal	Civil	Criminal
As Lead Trial Counsel				
As Counsel Assisting at Trial				

- B) List the last two jury cases tried to verdict, during the past five years, including names of other attorneys and Judge.

	Case One	Case Two
Name of Case		
County		
Judge		
Attorney(s)		

9. Non-Jury Trial Experience (Please state in actual or approximate numbers.)

	Civil	Criminal
Number of contested Non-Jury cases commenced		
How many of these cases went to judgment after the trial on the merits?		

10. I carry professional liability insurance covering the mediation process, proof of which is attached as Exhibit D.

11. Family Mediators

a) I have a minimum of two years of work experience in my discipline or profession,

or

b) I do not have a minimum of two years of experience in my discipline or profession but I will be supervised by _____ a mediator on the court's list of approved Mediators.

and

c) I understand that I must attend ten (10) hours of continuing education every two (2) years, on subjects related to child custody, visitation, domestic violence, substance abuse, mental illness or other areas relevant to family law practice.

Civil Mediators

d) I have a minimum of eight years of litigation experience.

Probate Mediators

e) I have a minimum of ____ years probate experience or in my indicated type of practice.

and

f) I understand that I must attend ten (10) hours of continuing education every two (2) years, on subjects related to probate, trusts, guardianship, taxation or other areas relevant to probate practice.

12. I maintain an office in the County of _____ at the following address:

Address: _____

Telephone: _____

I respectfully request that the Court review my application, and if I am found to be qualified and eligible under the applicable local Rule; that I be placed on the Court's list of approved mediators.

Dated ____/____/____

Signature of Applicant

Verification by Certification

I, _____, have read the foregoing Petition for Certification and have
name of applicant
knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Dated ____/____/____

Signature of Applicant