

**CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DUPAGE COUNTY, ILLINOIS**



**Application for Domestic Relations Mediation Referral List**

To be eligible to apply, applicants must:

1. Hold a graduate degree in Law (J.D.), Psychiatry, Psychology, Social Work, Human Development, Family Counseling, or other behavior science substantially related to marriage and family interpersonal relationships, or a related field or other degree program otherwise approved by the Presiding Judge of the Domestic Relations Division.
2. Maintain professional licensure in good standing, if applicable.
3. Maintain an office in DuPage County, Illinois, and conduct mediation in DuPage County.
4. Maintain Mediator's Malpractice Insurance.
5. Complete the 40-hour mediation certification program at an accredited institution for said training.
6. Complete the Domestic Relations Division Family Law Mediation Training Program.
7. Agree to mediate a minimum of four (4) reduced fee/pro bono cases per year, as identified by the Court.
8. Serve at the discretion of the Presiding Judge of the Domestic Relations Division.
9. Complete the attached application and consent form.

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Number of years in practice: \_\_\_\_\_

List your educational degrees, field of study, and date of degree:

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Have you ever been subject to any disciplinary proceeding, suspension hearing, or had your license called into question by the Illinois Attorney Registration & Disciplinary Committee (excluding complaints where the ARDC took no action) or any professional regulation organization of this or any other state (attach additional sheets, if necessary)?

If yes, please explain \_\_\_\_\_

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(attached a copy of your current ARDC registration card or other professional license/registration)

Have you ever been the subject of any investigation (excluding home studies for adoptions) by the Illinois Department of Children & Family Services, or of any other child welfare agency?

If yes, please explain (attach additional sheets, if necessary) \_\_\_\_\_

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Have you ever been arrested for, charged with, and/or convicted of a violation of any criminal statute of the State of Illinois, or of any other state, or of the United States and/or its territories and possessions, or of any foreign county? \_\_\_\_\_

If yes, please explain (attach additional sheets, if necessary) \_\_\_\_\_

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Primary area of practice: \_\_\_\_\_

Name of Malpractice Insurance Carrier: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_

Do you have Mediation Malpractice Coverage? \_\_\_\_\_  
(attach a copy of your current malpractice insurance coverage declaration page)

Are you currently on the approved mediator list? \_\_\_\_\_

When did you complete the required forty (40) hour Family Law Mediation Training, and what organization provided said training? \_\_\_\_\_  
(attached a copy of your certificate of completion)

Have you completed the DuPage County Domestic Relations Training and on what date did you complete said training? \_\_\_\_\_

How long have you been mediating domestic relations matters? \_\_\_\_\_

Do you have any special education or training or other skills (memberships, community/volunteer groups, and/or specialized training) that the Court should be aware of in considering this appointment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please briefly state why you believe you should be listed on the Mediation Referral List that will be used by the Domestic Relations Division to assign mediators to cases that are referred to mediation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed application, with attachments to: The Presiding Judge of Domestic Relations Division.

MEDIATOR CONSENT

I, \_\_\_\_\_ hereby apply for the Court's Appointment as a Custody Mediator in the mediation referral program as established by the Circuit Court for the Eighteenth Judicial Circuit.

In making this Application for Appointment as a Custody Mediator, I certify that I have read and agree to abide by the Rules of the Circuit Court for the Eighteenth Judicial Circuit Mediation Program, as promulgated by the Court, including any changes, amendments, or additions.

Further, in making this Application for Appointment, I signify my willingness, and I authorize any designated agent of the Judges of the Circuit Court for the Eighteenth Judicial Circuit to consult with any members of professional staffs with which I have been associated, as well as any other persons or agencies that may have information concerning my professional and ethical qualifications and competence. I consent to the inspection of any records made at institutions and/or commissions which are material to an evaluation of my professional qualifications and competence to carry out the functions of a Custody Mediator.

I agree further to release from liability and hold harmless all who are called upon to respond to the aforementioned requests, so long as they act in good faith and without malice.

I consent to the release of information to and release from liability and agree to hold harmless any and all agents of the Circuit Court for the Eighteenth Judicial Circuit, as well as any and all other institutions and persons furnishing or releasing any information concerning my application, status, or performance in the past.

I understand that I may be requested to supplement my application with additional information.

I signify and affirm that the statements and representations in my application and this consent are true and correct, under penalties of perjury.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public