Mediator Application Form Unified Judicial System of South Dakota

Circuit Court

NT.				
Name:	of Business Organization:			
Addre				
	ime Phone:			
E-Mai	l Address:			
2 11141				
additio	ctions: Please complete the following questionnaires as specified under each section. If onal space is needed, attach a sheet for each area making sure to indicate the section of the onnaire to which you are responding. This form must be filed with the Presiding Judge for each in which you intend to participate in court appointed mediation.			
1)	Provide your professional background including degree(s), certificate(s), practice specialization(s), years of experience and special training:			
2)	2) Provide a full and complete disclosure of all professional employment experiences when the field of mediation or in any other field:			
3)	Provide complete information regarding any training, seminars, workshops, etc., you deem pertinent to mediation:			

4)	Provide the number of mediations in which you have been involved giving approximate dates of those mediations if available. Please indicate how many of the mediations were successful:
5)	Describe methods of mediation you have used and time required to conduct a typical mediation:
6)	Please describe how fees and costs are calculated for completion of a typical mediation:
7)	Please describe the requirements for payment of fees:

Codified Law and as promulgated by the Supres	8	на			
	Signature of Applicant	Date			
NOTE: this form must be updated as changes to the information occur or at lease annually.					
	Approved:				
	Signature of Presiding Judge	Date			