

For Office Use (this box only)	
LABEL	APPLICATION FEE PAYMENT: _____

**TENNESSEE SUPREME COURT ALTERNATIVE DISPUTE RESOLUTION COMMISSION
APPLICATION FOR LISTING AS RULE 31 MEDIATOR**

NOTE: An applicant shall not advertise or proclaim in any manner that he/she is listed as a Rule 31 mediator until approved by formal action of the Tennessee Supreme Court Alternative Dispute Resolution Commission.

INSTRUCTIONS AND AUTHORIZATION/RELEASE: Check at least one of the following two boxes (or both if applicable), on page 1 below, and complete all attorney and/or other license(s) information therein. Sign and date on the line at the end of the box, or both boxes, that you check. **NOTE: IF YOU DO NOT HOLD OR HAVE NEVER HELD A PROFESSIONAL LICENSE, YOU MUST CHECK THE SECOND BOX AND SIGN AND DATE ON THE LINE AT THE END OF THE SECOND BOX.**

ATTORNEY LICENSE(S): If I hold, or have ever held, a license to practice law, I have listed below the license number(s) for the license(s), and for non-Tennessee license(s) the licensing or disciplinary agency(ies), and I hereby authorize and request the Tennessee Supreme Court Board of Professional Responsibility (BPR), and/or the attorney licensing or disciplinary agency of any other state, to provide to the Tennessee Supreme Court Alternative Dispute Resolution Commission (ADRC) information regarding the status of my license(s) and all disciplinary complaints ever filed against me, including, but not limited to, those administratively dismissed by the BPR or any other agency and those resulting in non-public discipline.

Tennessee Attorney License/BPR #: _____ Year Licensed: _____

If licensed to practice law in other state(s), complete the following for each license:

State	Year Licensed	Name of Disciplinary Agency	Address/Phone	I.D.#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE: _____ DATE: _____

OTHER PROFESSIONAL LICENSE(S): If I hold, or have ever held, a professional license other than that of an attorney, I have listed below the license number(s) and the licensing or disciplinary agency(ies) for the license(s), and I hereby authorize such agency(ies) to provide to the Tennessee Supreme Court Alternative Dispute Resolution Commission (ADRC) information regarding the status of my license(s) and all disciplinary complaints ever filed against me, including, but not limited to, those administratively dismissed by such agency(ies) and those resulting in non-public discipline.

Tennessee Professional License #(s): _____ Year Licensed (for each): _____

List name, address, and phone number of the licensing agency for each Tennessee license:

If professionally licensed in other state(s), complete the following for each license:

State	Year Licensed	Name of Disciplinary Agency	Address/Phone	I.D.#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SIGNATURE: _____ DATE: _____

Please type or print.

If you need more space to complete this form, please enclose separate sheet(s) of paper indicating the question(s) to which you are responding.

PART I GENERAL INFORMATION

1. Name: _____
Last First Middle Title (Ms. / Mr. / Dr.)

2. For my address on correspondence and lists of approved Rule 31 mediators, please use (check one):
business address home address. (If no preference indicated, your business address will be used.)

3. If you use a P.O. Box for correspondence, you must also include the physical address of your business/home.

Current Business Address (include name of business if desired): _____

City County State Zip Code

4. Current Home Address: _____

City County State Zip Code

5. Preferred base county for your Rule 31 mediator listing (usually one of the counties indicated in # 3 or # 4 above): _____; (or, if # 3 and # 4 are out of state, you must choose a preferred Tennessee base county): _____.

6. Telephone: _____ Fax: _____

7. Email Address: _____

8. Date of Birth: _____

PART II BACKGROUND INFORMATION

EDUCATION:

1. What is the highest degree that you have attained to date? _____

Note: If not a licensed attorney: Must enclose with application either: a copy of your transcript, or a copy of your diploma, for highest degree attained.

2. Colleges and Universities attended:

Name of School	City/State	Dates Attended (from-to)	Degree(s) Attained	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OCCUPATION:

3. What is your primary occupation?
Attorney
Certified Public Accountant
Counselor
Government Employee
(Government Agency/Title: _____)
Other (please specify): _____

Mediator	Psychologist
Physician	Retired Judge
Professor	Social Worker
Psychiatrist	Teacher

4. List work history to date (or enclose resume), to establish number of years and type of work experience:

5. List professional affiliations that you consider relevant to your application:

6. List volunteer work that you think pertinent to this application, as well as other relevant life experience:

OTHER BACKGROUND:

7. Have you ever been convicted of any violation(s) of the law? Exclude traffic violations unless they resulted in the revocation or suspension of your license.
No Yes (If yes, please explain):

8. Have you ever been subjected to discipline by any professional organization?
No Yes (If yes, please explain):

9. Have your professional privileges been curtailed at any time?
No Yes (If yes, please explain):

Note: The failure of an applicant to acknowledge that she or he has been (1) convicted of a violation of the law other than a traffic violation not involving suspension of a driver's license; (2) disciplined by a professional organization or had his/her professional privileges curtailed; or (3) that criminal or professional disciplinary proceedings are pending; may result in denial of listing or subsequent removal of neutral from listing.

PART III MEDIATION AND TRAINING

1. I am applying for listing as a (check one or both):

General Civil Mediator

Family Mediator

2. **If applying for Family Mediator Listing:** In addition to the training I completed to apply for Rule 31 listing, I have also completed the separate 12-hour ADRC-approved course on domestic violence mediation and wish to be listed as a Rule 31 Family mediator who is “Specially Trained in Domestic Violence Issues.” I have enclosed my training certificate for completion of this 12-hour course.

3. List the county or counties in which you are willing to serve as a mediator:

4. **IF APPLYING FOR GENERAL CIVIL MEDIATION, COMPLETE THE FOLLOWING:**

Rule 31 mediators in general civil cases – must “[c]omplete forty hours of general mediation training which includes the curriculum components specified by the Alternative Dispute Resolution Commission (ADRC) for Rule 31 mediators in general civil cases;” – OR, if 46 hours of ADRC approved family mediation training have been completed, must complete 16 hours of ADRC approved family to civil cross-over training.

(A.) I have completed 40 hours of Rule 31 ADRC-approved general civil mediation training; OR, after completing 46 hours of ADRC approved family mediation training, I have completed 16 hours of ADRC approved family to civil cross-over training:

Yes No

The training course(s) I completed are listed below; **and I have enclosed a copy of my certificate of completion or other proof of completion for each course listed:**

# Hrs.	Course Name	Location	Date(s)	Trainer/Organization
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OR:

(B.) I am applying to be listed as a mediator under Section 17(d)(1)(i) of Rule 31. I have completed at least three semester hours of general mediation training at an accredited law school, as listed below, in a program or programs substantially equivalent to that required under Rule 31 as determined by the ADRC; I have four years of practical work experience; **and I have enclosed a course outline provided by the law school professor, and a copy of my certificate of completion or other proof of completion, for each course listed:**

# Hrs.	Course Name	Location	Date(s)	Trainer/Organization
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OR:

- (C.) I am applying to be listed as a mediator under Section **17(d)(1)(ii)** of Rule 31. I have completed at least 40 hours of family mediation training and six additional hours of training in Tennessee family law and court procedure, as listed below, in a program or programs substantially equivalent to that required under Rule 31 as determined by the ADRC, within fifteen years prior to my submittal of this application; **and I have enclosed a course outline provided by the trainer, and a copy of my certificate of completion or other proof of completion, for each course listed:**

# Hrs.	Course Name	Location	Date(s)	Trainer/Organization
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PART IV REFERENCES

Attached to this application is a character reference form to be completed by two professional references other than relatives. Provide the form to each reference and ask that they complete the form and provide it directly to the ADRC Commission. ****Please note that all application information, including the two reference forms, must be submitted to the ADR Commission by the application deadline in order for your application to be considered at the next ADR Commission meeting. If both reference forms are not received by the application deadline, the application will be deferred to the following ADR Commission meeting.**

PART V SIGNATURE

I certify that the information supplied on this application is correct, to the best of my knowledge, and that I qualify for the category(ies) of listing(s) for which I have applied. I will notify the Alternative Dispute Resolution Commission of any address changes. I understand that all information herein is subject to verification.

I have read Tennessee Supreme Court Rule 31 regarding alternative dispute resolution and the related ADRC Policies found at <http://www.tncourts.gov/programs/mediation/resources-mediators/policies> prior to submitting my application for listing. If this application is accepted, I agree to comply with the policies and regulations set forth in that Rule and all subsequent amendments. I agree to notify the Alternative Dispute Resolution Commission promptly should any professional license I hold be revoked, or should I be disciplined by the Board of Professional Responsibility or any applicable agency. I agree to submit to the jurisdiction of the courts of Tennessee and the Alternative Dispute Resolution Commission for purposes of fulfilling my obligation to comply with Rule 31 as it may be amended in the future.

Signature of Applicant _____
Date

Send application and check for \$100.00* application fee to:

Tennessee Supreme Court
Alternative Dispute Resolution Commission
Nashville City Center, Suite 600
511 Union Street
Nashville, TN 37219-1768

Make check payable to: Alternative Dispute Resolution Commission.

*Notes: Your application must be received at the Administrative Office of the Courts, Nashville City Center, Suite 600, 511 Union Street, Nashville, TN 37219-1768 by close of business at 4:30 p.m. on the application deadline date listed on www.tncourts.gov to be reviewed at the corresponding meeting date.

**According to ADRC policy, application fee is \$200.00, IF: You are applying based on training requirement waiver, as stated in Rule 31 Section 17(d)(2) and as referenced on pages 5 and 6 of this application under Part III, (4)(C) and/or (5)(C).

**TENNESSEE SUPREME COURT ALTERNATIVE DISPUTE RESOLUTION COMMISSION
CHARACTER REFERENCE FOR RULE 31 MEDIATOR APPLICANT**

Applicant's Name (Please Print): _____

INSTRUCTIONS: *The Tennessee Alternative Dispute Resolution Commission collects character and fitness information on applicants seeking listing with the Commission as a Rule 31 Mediator. The above-named person has submitted an application for listing with the Commission. Your candid response regarding the applicant's character and fitness to engage in the practice of mediation is appreciated.*

1. How long have you known the applicant? _____

2. Under what circumstances have you known the applicant?

3. From your personal knowledge, do you believe the applicant's reputation with respect to integrity, impartiality, and professional competence to be good? Yes No

4. Do you unequivocally recommend that the applicant be listed as a Rule 31 Mediator by the Commission? Yes No

REFERENCE CONTACT INFORMATION

Name (Please Print)	Title	
Address, City,	State, Zip Code	Area Code/Phone Number

Signature: _____ **Date:** _____

Additional Comments: _____

****Please fax or mail this form directly to the Alternative Dispute Resolution Commission Attn: Programs Manager
511 Union Street, Suite 600
Nashville, TN 37219-1768
Fax 615-741-6285**