

# SOUTH CAROLINA BOARD OF ARBITRATOR AND MEDIATOR CERTIFICATION

Full Name of Applicant Mr. Ms. Mrs.	<b>APPLICATION FOR MEDIATOR CERTIFICATION</b>	
Firm or office name		
Mailing Address		Date of Birth
City                      State                      Zip                      County	Telephone No.	Fax No.
E-Mail Address	Web Address	
<input type="checkbox"/> I consent to my e-mail address being displayed on the online roster of certified neutrals.		

**INSTRUCTIONS:** Please complete the entire application, using additional paper if necessary. You may also attach a resume. Applications must be written legibly or typewritten. Each question shall be answered responsively or shown as "not applicable." The signature of the applicant shall constitute a certification that the information furnished in the application is true and correct. Part V, Appendix G, SCACR. Return the completed application, along with application fee (\$250 per certificate payable to the "South Carolina Bar"), to: Board of Arbitrator and Mediator Certification, South Carolina Bar, PO Box 608, Columbia, SC 29202-0608, Attn: Bar Liaison.

## I. ADMISSIONS AND AFFILIATIONS

Check one, and provide required information:

- 1. I was admitted to practice law in South Carolina on \_\_\_\_\_ (must be admitted at least 3 years); am a member in good standing of the South Carolina Bar (my SC Bar No. is \_\_\_\_\_); and, I have not, within the last five years, been disbarred or suspended from the practice of law, been denied admission to a bar for character or ethical reasons or been publicly reprimanded or publicly disciplined for professional conduct; **or**
- 2. I am admitted to practice law in the highest court of another state or the District of Columbia for at least 3 years:

Courts in which admitted to practice	Date(s) of admission	Bar No(s).
_____	_____	_____
_____	_____	_____ ; and

I am at least 21 years old; and,

I have received a juris doctorate degree or its equivalent from this law school approved by the American Bar Association or the Supreme Court under Rule 402(c)(3), SCACR:

Law School	Degree	Date
_____	_____	_____ ; and,

I am a member in good standing in each jurisdiction where I am admitted to practice law; and,

I have not, within the last five years, been disbarred or suspended from the practice of law, been denied admission to a bar for character or ethical reasons or been publicly reprimanded or publicly disciplined for professional conduct; and,

I agree to be subject to the Rules of Professional Conduct, Rule 407, SCACR and the Rule on Disciplinary Procedure, Rule 413, SCACR, to the same extent as an active member of the South Carolina Bar.

- 3. \_\_\_ I am applying for certification as a Circuit Court Mediator
- \_\_\_ I am applying for certification as a Family Court Mediator
- (check all that apply)

Application ID: \_\_\_\_\_  
 (For Board use only)

**II. LEGAL EXPERIENCE**

Experience in active litigation: \_\_\_\_\_ years \_\_\_\_\_ months

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**III. MEDIATION AND OTHER PROFESSIONAL EXPERIENCE**

Mediation experience:

\_\_\_\_\_

\_\_\_\_\_

Membership and positions held in bar, alternative dispute resolution (ADR) and professional associations:

\_\_\_\_\_

\_\_\_\_\_

Number of mediations conducted as neutral: \_\_\_\_\_ .      Number of mediations attended: \_\_\_\_\_ .

**IV. MEDIATION TRAINING**

- 1. I am familiar with the statutes, rules and practice governing mediated settlement conferences in South Carolina.
- 2. I am familiar with the South Carolina Standards of Conduct for Mediators
- 3.  (a) I have completed a minimum of 40 hours in a mediation training program approved by the South Carolina Board of Arbitrator and Mediator Certification. See S.C. Court-Annexed ADR Rules 19 and 20. **(Attach a copy of your certificate of completion or other proof of training and describe here.)**

<i>Program Title (Be exact)</i>	<i>Date Started and Completed</i>	<i>Sponsor/Training Conducted By</i>

or  (b) I have completed the following mediation training which has not been approved previously by the Board, or was attended in another state or was attended prior to January 31, 1995:

<u>Course Provider</u>	<u>Course Content</u>	<u>Date</u>	<u>Place</u>	<u>No. of Hours</u>

To demonstrate that this training substantially complies with the standards set forth in Rule 19, I submit with this application:

- a. a detailed agenda for the course, including length of time spent on each subject;
- b. a list of instructors, including their qualifications and/or vita;
- c. a certificate of completion or other proof of training; and
- d. current contact information for the sponsor of the training.

By signing and submitting this application, I authorize the sponsor to release to the Board and South Carolina Bar any information regarding this course and my attendance that the Board or Bar might request with respect to this application, and agree to supplement this application as requested.

- 4. Other mediation or ADR training:
- | <u>Course Provider</u> | <u>Course Content</u> | <u>Date</u> | <u>Place</u> | <u>No. of Hours</u> |
|------------------------|-----------------------|-------------|--------------|---------------------|
|                        |                       |             |              |                     |
|                        |                       |             |              |                     |

**V. CHARACTER**

**1. AUTHORIZATION AND RELEASE**

I hereby authorize and request that the South Carolina Bar, South Carolina Commission on Lawyer Conduct, South Carolina Commission on Judicial Conduct, South Carolina Bar Admissions Office, and/or the bar admissions and disciplinary agencies of this or any other state, provide to the South Carolina Board of Arbitrator and Mediator Certification or South Carolina Bar information regarding the status of any license to practice law that I hold, including all applications filed by me or complaints filed against me.

Applicant's SC Bar No. \_\_\_\_\_

If licensed to practice law in other states, complete the following and attach a Certificate of Good Standing from each jurisdiction:

<u>State</u>	<u>Name of Disciplinary and Admissions Agencies</u>	<u>Address</u>	<u>Telephone No.</u>	<u>Attorney's ID No.</u>

**VI. AVAILABILITY**

**NOTE:** All applicants must be on the roster in at least one county.

**1. INDICATE COUNTIES IN WHICH YOU WISH TO BE PLACED ON THE COURT ROSTER:**

- All counties.
- Select counties: (mark all that apply)
 

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Greenwood
<input type="checkbox"/> Aiken	<input type="checkbox"/> Hampton
<input type="checkbox"/> Allendale	<input type="checkbox"/> Horry
<input type="checkbox"/> Anderson	<input type="checkbox"/> Jasper
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Kershaw
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Lancaster
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Laurens
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Lee
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Lexington
<input type="checkbox"/> Charleston	<input type="checkbox"/> Marion
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Marlboro
<input type="checkbox"/> Chester	<input type="checkbox"/> McCormick
<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Newberry
<input type="checkbox"/> Clarendon	<input type="checkbox"/> Oconee
<input type="checkbox"/> Colleton	<input type="checkbox"/> Orangeburg
<input type="checkbox"/> Darlington	<input type="checkbox"/> Pickens
<input type="checkbox"/> Dillon	<input type="checkbox"/> Richland
<input type="checkbox"/> Dorchester	<input type="checkbox"/> Saluda
<input type="checkbox"/> Edgefield	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Sumter
<input type="checkbox"/> Florence	<input type="checkbox"/> Union
<input type="checkbox"/> Georgetown	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Greenville	<input type="checkbox"/> York

**VII. OTHER INFORMATION**

Other relevant experience or skills or other information you would like considered in connection with this application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VIII. CERTIFICATION**

I certify that I am of good moral character; that I am familiar with the statutes, rules and practice governing mediated settlement conferences in South Carolina; and that I have not, within the last five years, been disbarred or suspended from the practice of law, been denied admission to a bar for character or ethical reasons or been publicly reprimanded or publicly disciplined for professional conduct in this state, any other state or the District of Columbia; and I agree to: (1) provide mediation to indigents without pay; (2) notify the Board of any change in the above facts or otherwise in my ability to perform duties as a mediator; and (3) pay all administrative fees and comply with all procedures established by the Supreme Court, or its designee, including the Standards of Conduct for Mediators (Appendix B to the S.C. Court-Annexed ADR Rules). I further certify that the information I have furnished in this application is true, accurate and complete; and that, should I be approved, this information may be used to generate a roster of neutrals made available to the courts, ADR community and general public.

<b>SWORN AND SUBSCRIBED TO BEFORE ME</b>		<i>Date</i>	<i>Signature of Applicant</i>
<i>Date</i>	<i>Signature</i>		
<i>Title Of Person Authorized To Administer Oaths</i>			
<b>SEAL</b> <i>Date Commission Expires</i>			

**IX. FOR BOARD USE ONLY**

**Administratively Approved**

<i>Signature</i>	<i>Date</i>
------------------	-------------

**Referred to Board**

<i>Signature</i>	<i>Date</i>
------------------	-------------

**Board approved**

<i>Signature</i>	<i>Date</i>
------------------	-------------

**Board contingencies to approval met**

<i>Signature</i>	<i>Date</i>
------------------	-------------

**Board rejected**

<i>Signature</i>	<i>Date</i>
------------------	-------------

**Additional information requested from applicant**

<i>Signature</i>	<i>Date</i>
------------------	-------------

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <i>Discipline check</i>     | <input type="checkbox"/> <i>Proof of training</i>            | <input type="checkbox"/> <i>Application signed/notarized</i> |
| <input type="checkbox"/> <i>Application fee paid</i> | <input type="checkbox"/> <i>Approved course</i>              |  |
|  | <input type="checkbox"/> <i>At least one county selected</i> |  |