CONTRACT MEDIATOR APPLICATION
TWENTIETH JUDICIAL CIRCUIT

I request that I be added to the 20th Judicial Circuits Alternative Dispute Resolution programs list of Contract Mediators and agree to accept the fees as proscribed by the Court.

NAME _____

ADDRESS _____

Email Address _____

TELEPHONE # _____ Cell # _____ Fax#_____

Member of Florida Bar: ☐ Yes ☐ No
If yes, year of admission _____ Bar # _____
Board Certifications:_____
Mediator Certification Number_____.
Check type of mediation services to be provided:
☐ Circuit ☐ *County (up to $15,000.☐ County (above $15,000.) ☐ Family
☐ Dependency. Family, Dependency and *County up to $15,000 requires Vendor Registration.
If you checked County above $15,000, check County on the Mediator Contract Request form and indicate same.

I will work in ☐ all counties ☐ Lee ☐ Charlotte ☐ Collier ☐ Glades ☐ Hendry

Describe all relevant experience as a Mediator :(attach additional pages if needed)
ATTACH YOUR RESUME' OR CV IF AVAILABLE.

_____

_____

Please check areas of expertise:

☐	Personal Injury	☐	Consumer	☐	Malpractice
☐	Property Damage	☐	Employment	☐	Family
☐	Products Liability	☐	Eminent Domain	☐	Dependency
☐	Contract	☐	Real Property/Mortgage Foreclosure	☐	Other_____

☐ I agree to accept appointments through the court program at the rate of compensation specified in AO 1.16.

The 20th Circuit does not issue contracts for remote only mediations.
☐ I will accept appointments for in person mediations.

I hereby certify that the information provided herein is true and correct.

_____ _____
Signature Date

Certification Verified by_____
Form revised 9/10/2024