

**APPLICATION FOR  
PLACEMENT ON MEDIATOR LIST  
FOR REFERRALS FROM  
FAMILY COURT**

To be placed on the Approved Family Court Mediator List, an applicant must meet all requirements established by the West Virginia Supreme Court:

1. a 4-year degree from an accredited college or university;
2. completed a forty-hour family mediation course approved by the Supreme Court;
3. completed two observations of family court mediation sessions;
4. completed three co-mediation sessions with experienced family court mediators;
5. professional liability insurance; and
6. agree to complete twelve hours of family court mediator continuing education every two years.

If you meet these requirements, please complete the following:

**I. General information**

Please print or type the following information:

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

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

Daytime phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date form completed: \_\_\_\_\_

**II. College or University Education**

I have been awarded the following degree(s) from an accredited four-year institution:

A. Check all applicable:

- Member of WV State Bar
- WV licensed social worker
- WV licensed psychologist
- WV licensed counsel or
- Other WV professional licensure, please provide details \_\_\_\_\_

B. Date of licensure \_\_\_\_\_.



**V. Co-mediation Sessions with Experienced Mediators**

I have completed **three** co-mediation sessions with experienced family court mediators.

Yes No

Co-mediation No. 1: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Co-mediation No. 2: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_

Co-mediation No. 3: Mediator: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_

**VI. Professional Liability Insurance.**

I have professional mediation malpractice liability insurance coverage. Yes No

Insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Time period covered by the policy: \_\_\_\_\_

Type of coverage: \_\_\_\_\_

Minimum coverage: \$500,000/\$500,000.

*You must notify the Family Court Services Division of the Supreme Court Administrative Office if your insurance coverage changes or is terminated.*

**VII. Continuing Education in Family Court Mediation**

I agree complete a minimum of twelve hours of family court mediation continuing education training every two years, including the following:

- (1) eight hours of instruction in family court mediation;
- (2) two hours of skill development, demonstration, observation and evaluation; and
- (3) two hours of instruction and skill development in family court mediation ethics.

*The West Virginia Supreme Court of Appeals provides a two-day training every two years to satisfy this requirement. You may also send verification of completion of other continuing education to the Family Court Services Division of Administrative Office of the West Virginia Supreme Court of Appeals for consideration.*

**VIII. Background information**

If you answer yes to any of the following, please include applicable dates and jurisdictions, in addition to providing a factual explanation.

Have you had any misdemeanor convictions in the past five years? Yes No

Have you ever been convicted of a felony, a domestic battery or assault, or other violent misdemeanor?      Yes      No

Have you ever had your licence to practice law suspended or revoked?      Yes      No

Have you had a family violence, domestic violence, or child abuse and neglect petition filed against you?      Yes      No

Have ever had a family violence or domestic violence protective order entered against you?  
Yes      No

*The West Virginia Supreme Court of Appeals may have you sign a release for the Court to conduct a background check to verify this information.*

**IX. Other Requirements**

I agree to abide by the standards of practice established for family court mediation by the West Virginia Supreme Court of Appeals.      Yes      No

There are facts about which I have knowledge that adversely bear upon my veracity, my qualifications, my ability and/or my fitness to properly, safely, and fairly mediate disputes.  
Yes      No

If the response to the above listed statement was "Yes", I list those facts here:

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I have never had my ability, privilege, license or right to mediate disputes revoked or canceled in any jurisdiction.      Yes      No

I have mediated disputes and/or have applied for the right, privilege or license to mediate disputes in the following jurisdictions:\_\_\_\_\_.

**X. Agreement to Render a Proportional Number of Pro Bono Mediation Hours**

Please answer the following question, but an agreement to do pro bono mediation is **not** a mandatory requirement to be placed on the list.

I agree to accept and mediate a number of cases referred by the West Virginia Family Court for no charge at a rate proportional to the percentage of pro bono cases within the Family Court Circuit(s) from Circuits within which I have applied to serve as a mediator.      Yes      No

**XI. Counties for Referrals**

Please list all of the counties in West Virginia in which you would like to receive referrals: \_\_\_\_\_

*Please note that the Administrative Office will post your contact information on the county-by-county list on the Supreme Court web site, but you will still need to contact the Family Court Judges from whom you would like to receive mediation referrals after you are approved.*

If you would prefer that your **contact information be omitted** from the list on the web site, please indicate here:

Please do not include my name or any contact information on the county-by-county list on the Supreme Court web site.

Please only include the following information on the county-by-county list on the Supreme Court web site: \_\_\_\_\_

**XII. Verification**

By signing this document, I hereby verify and swear that I have completed the above listed education, family court mediation observations and co-mediation sessions, that I have obtained professional malpractice insurance which provides the West Virginia Supreme Court required coverage and that all of the answers and responses which I have given on this application are true and accurate.

\_\_\_\_\_  
Applicant

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

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

Please send this completed this form, signed before a notary, and all required documentation to the following:

West Virginia Supreme Court of Appeals  
Administrative Office  
Attention: Pepper Flenner  
Building 1, Room E-100  
1900 Kanawha Blvd. East  
Charleston, WV 25305-0832.