

ALLEGHENY COUNTY BAR ASSOCIATION

ADR Committee

Directory Application

CONTACT INFORMATION

Name:

Firm/Business:

Address:

Work telephone:

Facsimile:

Email:

Home telephone (if desired):

FORMAL EDUCATION

College Degree (institution, degree, year):

Law Degree (institution, degree, year):

Other Post-College Degree (institution, degree, year):

Other Formal Non-Degree Certification Program (institution, certificate, year):

FORMAL MEDIATION TRAINING AND SKILL DEVELOPMENT

40-hour Mediation Training

_____ I have completed a formal, basic 40 hour mediation training.

Year basic training completed:

Training provider/faculty:

15-30 hour Mediation Training

_____ I have **not** completed a standard 40 hour basic mediation training, however, I have completed a formal, basic mediation training of 15-30 hours.

Year basic training completed:

Training provider/ faculty:

Number of hours:

_____ I have completed **both** a standard 40-hour basic mediation training as well as a formal, basic mediation training of 15-30 hours.

Year basic training completed:

Training provider/ faculty:

Number of hours:

Additional Mediation Training

_____ I have completed the following mediation training **in addition to** the basic 15 to 40 hours of standard mediation training noted above:

Note: If multiple, please list "multiple" and provide the information for the most recent training completed.

Date basic training completed:

Training provider/ faculty:

Number of hours:

Non-Basic Training

_____ I have **not** taken basic training, however, I have completed the following workshops and/or training(s) in mediation and/or conflict resolution.

Note: If multiple, please list "multiple" and provide the information for the most recent training completed.

Date of training/workshop:

Training provider/ faculty:

Number of hours:

_____ I have completed **both** basic training and the following workshops and/or training(s) in mediation and/or conflict resolution.

Note: If multiple, please list "multiple" and provide the information for the most recent training completed.

Date of training/workshop:

Training provider/ faculty:

Number of hours:

AMOUNT OF PRACTICE DEDICATED TO MEDIATION

_____ I devote a substantial amount of my practice to mediation.

If yes, I have served as a mediator on the following number of occasions in each of the following years:

1999:	2000:	2001:
2002:	2003:	2004:

_____ I participate in annual continuing mediation education.

If yes, I have completed at least the following hours of continuing education in mediation in each of the following years:

1999:	2000:	2001:
2002:	2003:	2004:

MEDIATION MODELS

My mediation skill, training and/or experience includes the following mediation models:

- Facilitative
- Evaluative
- Transformative
- Directive
- Other (please specify):

APPROVED MEDIATION

I am or have been an approved mediator for the following programs:

- U.S. District Court for the Western District
- Court of Common Pleas of Allegheny County/ Generations Program
- United States Postal Service
- Equal Employment Opportunity Commission
- American Arbitration Association
- Other (please specify):

MEMBERSHIP IN MEDIATION-RELATED ORGANIZATIONS, SECTIONS, COMMITTEES

I belong to the following mediation-related organizations, sections or committees:

- Mediation Council of Western Pennsylvania
- Pennsylvania Council of Mediators
- Association for Conflict Resolution
- ACBA/ADR Committee
- PBA/ADR Committee
- ABA ADR Section
- Other (please specify):

ADDITIONAL DISPUTE RESOLUTION SERVICES

In addition to mediation:

- _____ I have experience as a process facilitator.
- _____ I have experience as an arbitrator.
- _____ I have experience as a formal mediation trainer.
- _____ I have experience as a formal arbitration trainer.
- _____ I have experience as an organizational consultant.
- _____ Other (please specify):

MEDIATION INTERESTS/EXPERIENCE

Mediation Interests

Please note your willingness to serve as a mediator in the following areas by responding yes or no.

- | | |
|--------------------------------------|--------------------------|
| Divorce: Property, Alimony, Support: | Custody: |
| Estates and Trusts: | Guardianships: |
| Employment/Workplace: | Business/organizational: |
| Professional Practice Dissolutions: | Commercial: |
| Construction: | Personal Injury: |
| Professional Malpractice: | Other (Please specify): |

Mediation Experience

Please note whether you have actually mediated a dispute or conflict in any of the following areas by responding yes or no:

- | | |
|--------------------------------------|--------------------------|
| Divorce: Property, Alimony, Support: | Custody: |
| Estates and Trusts: | Guardianships: |
| Employment/Workplace: | Business/organizational: |
| Professional Practice Dissolutions: | Commercial: |
| Construction: | Personal Injury: |
| Professional Malpractice: | Other (Please specify): |

ADDITIONAL INFORMATION

Please state any other relevant background or experience you have that has enhanced your education, training or skill as a mediator and explain why you believe your skills would be helpful to your work as a mediator (Maximum of 100 words):