STATE OF NORTH CAROLINA

APPLICATION FOR CERTIFICATION TO CONDUCT SUPERIOR COURT MEDIATIONS

				Su	PERIOR COL	JKI MEL	DIATIONS
					G.S. 7A-38.1; I	Mediated Sett	lement Conference Rules
Name	And Address Of Applicant			Date Of Birth		Telephone No).
				Fax No.	E-Mail Address	1	
app the the	STRUCTIONS: Attorney app licants complete Section III. A NC Dispute Resolution Comm NC Dispute Resolution Comm lications.	All applicants must comple nission, P.O. Box 2448, R	ete the remainin aleigh, NC 276	ng sections. Please ty 802. Please enclose a	pe or print and mail check for your pror	along with thated certificat	e required attachments to ion fee made payable to
	oply for certification as a m les Governing Mediated Se				n Superior Court p	oursuant to (G.S. 7A-38.1 and the
	SECTION I	. REQUIREMENTS F	FOR CERTI	FICATION OF A	TTORNEYS LIC	ENSED IN	N.C.
cor 1. I	mplete this section only if ynferences. BAR ADMISSION					conduct me	ediated settlement
_	am a member in good sta	inding of the North Card	olina State Ba				
	Date Of Admission			North Carolina Bar No).		
2. V	Rule 8.B(1). have have not NORK EXPERIENCE have at least five years of equivalent experience.	been forced to forfeit	•	•		•	/or mediator, or
		Dates		Jurisdiction	/Address		Briefly Describe Experience
f	☐ Judge						P
	☐ Practicing Attorney						
f	☐ Law Professor						
ŀ	 ☐ Mediator						
f	☐ Other						
3.	TRAINING (Complete only	subsection (a) or subs	ection (b) bel	low.)		'	
	(a) I have completed at		court mediation	on training in a prog	gram certified by t	he NC Disp	ute Resolution
	Program Title			Date Of Training	Training Conduct	ed By	
	agenda, trainer resum (b) I am currently certifi have completed a 1	n you attended has not bee es, and all course materia ed by the NC Dispute F 6-hour supplemental tri 3.A. (Attach a copy of you	ils. Resolution Co ial court medi	ommission to conduiation training progr	uct family financial	l mediations	in North Carolina and I
	Program Title			Date Of Training	Training Conduct	ed By	
		UIREMENTS FOR C					•
	mplete this section only if y tlement conferences.	you are a licensed attor	ney not admi	itted in North Carol	ina applying for ce	ertification to	conduct mediated
	LEGAL EDUCATION AND am a graduate of the follo		hool: Rule 8.	B(i)(a)(ii).			
	Name Of Law School			Location Of Law School			Year Graduated

La	m a ma	ember in good stand	ling of the Ba	or of the fo	llowing state: I	Dulo 9 D/1\/a\/ii	1		
ıa		Admission		ate	nowing state. I	(a)(ii).	Bar No.	
	Date of	Admission		uio				Bai No.	
	I a		currently susp	ended or	disbarred from	the practice of	law by the attorney	licensing a	uthority of any state.
	I \square h		been force	ed to forfei	t my license to	practice law in	any state. Rule 8.B	(1).	
		EXPERIENCE							
		at least <u>five</u> years of ent experience. Rul					cing attorney, law p	ofessor an	id/or mediator, or
	Equivai	ent expenence. Nui	е о.в(т)(в). т	ollowing	S trie experier	ice i wisii consic	dereu.		Briefly Describe
			Date	es		State/Jurisdi	iction/Address		Experience
	□ Ju	ıdge							
		acticing Attorney							
		w Professor							
		ediator							
		ther							
^				(a) an audi					
3.		ING (Complete only					rogram certified by	ho NC Dis	nuto Posalution
		Commission. Rule					rogram certified by	IIE NO DIS	pute Resolution
		Program Title	5.7 t. (7 ttta677 a	000) 0. 900		Date Of Training	Training Conduc	ted Bv	
						3			
	NOTE:	If the program you at	tended has no	t heen certi	fied by the NC D	ispute Resolution	Commission please	submit conie	es of the program agenda,
		esumes, and all cours		t been een	nea by the IVE E	riopate recordion	Commission, picase	sabiiii oopio	o or the program agenda,
									ns in North Carolina and I
		-					ogram certified by th	e NC Disp	ute Resolution
		Commission. Rule 8 Program Title	B.A. (Attach a	copy of you		raining.) Date Of Training	Training Conduct	ad Bu	
		Program Title			'	die Or Training	Training Conduct	еи Бу	
	□ (a)	 			:	:4: 			fuith Nauth Caualina
									f with North Carolina es the right to request
		additional information		y, and civii	court procede	ire. raic 0.b(1)((4)(11). 1110 00111111130	1011 10301 V	so the right to request
4.		RS OF REFERENCE							
	□Iha	ive attached to my a	application th	ree (3) let	ters of referen	ce attesting to m	ny good character, ii	ncluding at	least one letter from a
	per	son with knowledge	of my praction	ce as an a	ttorney. Rule 8	3.B(1)(a)(ii).			
		SECT	ION III. RE	QUIREM	ENTS FOR	CERTIFICATION	ON OF NON-ATT	ORNEYS	
Сс	mplete	this section only if	you are a noi	n-attorney	applying for c	ertification to co	nduct mediated sett	lement con	iferences.
							nts must complete su		
1.		ING, EDUCATION							
				urs of bas	ic mediation tr	aining provided	by a trainer accepta	ble to the I	NC Dispute Resolution
		Commission. Rule 8	3.B(2)(c)(i).						
		Program Title		Name Of	Trainer		Sponsoring Organization	7	Date
									nda or a certificate evidencin
							ake further inquiry abo		<i>e.</i> se of at least three years,
		or equivalent exper				ated at least till	rty (50) disputes ove	or tile cours	se of at least tillee years,
				Of Cases N		Practice Office (Or Agency For Which You	Conducted T	he Mediations:
		Year	NO.	OI Cases II	nediated	- Tractice, Office (or Agency I or Willen Tod	Conducted 1	ne wediations.
						-			
		NOTE: If you have e	xperience eaui	ivalent to m	ediation experie	nce, please set fo	orth your equivalent ex	perience in a	a letter attached to this
		Application. The Com	mission reserv	es the right	to request addit	tional information	about your mediation of	or equivalent	t experience.
			ar degree fro	m an accr	edited college	or university. R	ule 8.B(2)(c)(i). <i>(Atta</i>	ch a copy of	f your diploma or certified
		transcript.) Lpossoss at loast fo	our voore of -	rofossion	al managama	nt or administra	tivo ovporionas in a	profession	al husinoss or
					-		tive experience in a highlighting the experi	-	
		Commission reserves						jou w	355.00.00. 1110

You need not complete subsection 2 if you completed subsection 1 above.

2. EDUCATION AND EXPERIENCE

- (a) I possess a four-year degree from an accredited college or university. Rule, 8.B(2)(c)(ii). (Attach a copy of your diploma or certified transcript).
- (b) I possess at least ten (10) years of professional, management or administrative experience in a professional, business or governmental entity. Rule 8.B(2)(c)(ii). Please attach a copy of a resume or a letter highlighting the experience you wish the Commission to consider. The Commission reserves the right to request additional information about your work experience.

3. OBSERVATIONS

These observations must be completed in addition to the two observations required by Rule 8.C. (Section IV below). [Attach a copy of your certificates of observation signed by the mediators.]

Date Of Observation	County Where Case Observed Was Filed	Name Of Mediator	Case/File No. Of Case Observed

NOTE: Mediations must be conducted by at least two different mediators. At least one of these mediations must be of a Superior Court case; the others may be of cases pending before and ordered into mediation by the North Carolina Industrial Commission, the North Carolina Office of Administrative Hearings, a North Carolina Superior Court, the North Carolina Court of Appeals or the U.S. District Courts for North Carolina. Disputes mediated prior to litigation upon agreement of the parties shall be eligible for observations. Each mediation must be observed from beginning through settlement or impasse.

4.	SUPERIOR COURT	IRAINING	(Complete or	ily subsecti	on (a) <u>or</u> su	ibsection (b) below.)				
	(a) I attended and	l completed	at least forty	(40) hours	of trial cour	t mediation	training in	a program o	certified by the	NC Dis	spute
	Resolution Co	mmission. I	Rule 8.A. (Atta	ch a copy of	your certifica	ate of training	g.)				

Program Title	Date Of Training	Training Conducted By

NOTE: If the program you attended has not been certified by the Commission, please submit copies of the program agenda, trainer resumes, and all course materials. If the training you took was conducted online or partially online you must notify the Commission's office.

(b) I am currently certified by the NC Dispute Resolution Commission to conduct family financial mediations in North Carolina and have completed a 16-hour supplemental trial court mediation training program certified by the NC Dispute Resolution Commission. Rule 8.A. (Attach a copy of your certificate of training.)

Date Of Training

Training Conducted By

٦ (۵)	I attended and completed at least six (6) hours of training on N	orth Carolina sourt are	anization local terminology	oivil court
	procedure, the attorney-client privilege, the unauthorized pract	ice of law and commor	n legal issues arising in Supe	erior Court,

conducted by a trainer certified by the Commission. Rule 8.B(2)(a). (Attach a copy of your certificate of training or a letter from your trainer.)

☐ 5. LETTERS OF REFERENCE

Program Title

I have attached to this application three letters of reference attesting to my good character, including at least one letter from a person with knowledge of my experience claimed in Rule 8.B(2)(c). (Rule 8.B(2)(b)).

6. PROFESSIONAL STANDING

(a) If you are a pro	ofessional	, are you currently a	member in good stand	ling of your profession? Rule 8.E.
□ Yes	□No	☐ Not Applicable	(If no please explain)	

(b) Has your lies	naa ta nra	otico vour profossion	over been augmended or revoked or baye you been asked to forfeit it? Dule 9 E
(b) has your lice	inse to prat	suce your profession	ever been suspended or revoked or have you been asked to forfeit it? Rule 8.E.
	□ N1-	DAIst Assiliants	
Yes	I I NO	Not Applicable	(If no, please explain.)
_		_ ''	

										-
(c)	Have you been	disbarred	hv an	attornev	licensing	authority	in anv	state?	Rule 8 F	
(Υ)	nave you been	aloballoa	~ , a	accomo	noonenig	additority		olulo.	a.o o	•

Yes Yes ■	☐ No	Not Applicable	(If no, please explain.

SECTION IV. OBSERVATIONS - TO BE COMPLETED BY ALL APPLICANTS

(All applicants must complete this section.)

OBSERVATIONS

I have observed two mediated settlement conferences conducted by a mediator(s) certified in North Carolina, at least one of which was a Superior Court case. Rule 8.C(1). (Attach a copy of your certificates of observation signed by the mediator(s).)

Date Of Observation	County Where Case Observed Was Filed	Name Of Mediator	Case/File No. Observed
	•		
Carolina Industrial or the U.S. District	Commission, the North Carolina Office of Admi	e; the others may be of cases pending before and ordered in inistrative Hearings, a North Carolina Superior Court, the No prior to litigation upon agreement of the parties shall be eligib ettlement.	rth Carolina Court of Appeals
	SECTION V. FARM MEDIATIO	N - TO BE COMPLETED BY ALL APPLICANT	S
(All applicants mus	t complete this section.)		
I ☐ am │	ION FARM NUISANCE MEDIATION PRO ☐ am not willing to be appointed or se of forms and rules for this program are availab	lected to conduct farm mediations pursuant to G.S. 7	A-38.3.
	SECTION VI. AVAILABILITY	- TO BE COMPLETED BY ALL APPLICANTS	
1. INDICATE JU ACTIONS: All Judicial		SH TO MEDIATE UPON PARTY SELECTION IN SUF	PERIOR COURT CIVIL
COURT CIVIL		E WILLING TO ACCEPT COURT APPOINTMENTS	TO MEDIATE SUPERIOR
they have specific appointments. Cowebsite at www.n	ed directly to learn of any local rules or policies ontact information for local staff is available thro occourts.org.	our interest in receiving court appointments. However, media relating to appointment of mediators and to verify their eligit ough this office. The NCAOC has posted local rules for some	pility to receive court e judicial districts on its
	t complete this section.)	OGRAMI - TO BE COMPLETED BY ALL APPLI	CANTO
1. CLERK MI I am guardiansh NOTE: If yo 2. AVAILABI a. INDICA MEDIAT All C	EDIATION PROGRAM PARTICIPATION am not willing to conduct clerk point and estate matters. ou are willing to participate, you will be forward LITY (To be completed only by those medically will be some the completed only by those medically will be some the completed only by those medically will be some the completed only by those medically will be some the completed only by those medically will be some the completed only by those medically will be some the completed only by those medically will be some the completed only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by those medically will be some the complete only by the complete only will be some the complete only by the complete only will be some th		gram.)
MEDIAT	TE COUNTIES IN WHICH YOU WISH TO TIONS OF GUARDIANSHIP AND ESTAT cted Counties (Review the attached map and		MENT EXCLUDING
they have specifie		s of your interest in receiving appointments. However, media ating to appointment of mediators and to verify their eligibility the through the Commission's office.	
	eck here to receive a certification applicati Superior Court.	on packet to conduct mediations of guardianship and	estate matters referred by

SECTION VIII. CHARACTER

(All applicants must complete this section.)

	nt's North Carolina Bar ID Noed to practice law in other states, complete	e the following:	<u> </u>	
State	Name Of Disciplinary Agency	Address	Telephone No.	Attorney ID No.
to the N complai North C	TTORNEY APPLICANTS: I hereby author lorth Carolina Dispute Resolution Commissints filed against me, including but not limit farolina Professional License/Certification Ine, address and telephone number of the I	sion information regarding the statused to those administratively dismiss	s of my license/certifications of my license/certifications or resulting in non-pub	n and all
If licens	ed/certified as a professional in other state	es, complete the following:		
State	Name Of Disciplinary Agency	Address	Telephone No.	Applicant ID No.
qualifyii Dispute adminis List all	PPLICANTS WHO HAVE SERVED AS A ng and regulating the conduct of neutrals in Resolution Commission copies of all computatively dismissed or resulting in non-publistates in which you have served as a mediencies responsible for qualifying/disciplining	n any state where I served as a med plaints filed against me in that state lic discipline. ator or other neutral:	diator or neutral to provide , including but not limited	to the NC
qualifyii Dispute adminis List all	ng and regulating the conduct of neutrals in Resolution Commission copies of all com stratively dismissed or resulting in non-pub states in which you have served as a medi	n any state where I served as a med plaints filed against me in that state lic discipline. ator or other neutral: g mediators or other neutrals in the	diator or neutral to provide , including but not limited above states:	e to the NC to those
qualifyir Dispute adminis List all s List age State	ng and regulating the conduct of neutrals in Resolution Commission copies of all comstratively dismissed or resulting in non-pub states in which you have served as a mediencies responsible for qualifying/disciplining Name Of Qualifying/Disciplinary Agence CRIMINAL CONVICTIONS/DISCIPLINARY	n any state where I served as a mediplaints filed against me in that state lic discipline. ator or other neutral: g mediators or other neutrals in the cy Address Address Y ACTIONS/CIVIL JUDGMENTS (F	diator or neutral to provide , including but not limited above states: ess Rule 8.E.)	to the NC to those
qualifyir Dispute adminis List all s List age State	ng and regulating the conduct of neutrals in Resolution Commission copies of all com- stratively dismissed or resulting in non-pub- states in which you have served as a medi- encies responsible for qualifying/disciplining	n any state where I served as a mediplaints filed against me in that state lic discipline. ator or other neutral: g mediators or other neutrals in the cy Address Address Y ACTIONS/CIVIL JUDGMENTS (F	diator or neutral to provide , including but not limited above states: ess Rule 8.E.)	e to the NC to those
qualifying Disputer administ List all substitution and the second	ng and regulating the conduct of neutrals in Resolution Commission copies of all comstratively dismissed or resulting in non-pub states in which you have served as a mediencies responsible for qualifying/disciplining Name Of Qualifying/Disciplinary Agence CRIMINAL CONVICTIONS/DISCIPLINARY	n any state where I served as a mediplaints filed against me in that state lic discipline. ator or other neutral:	diator or neutral to provide i, including but not limited above states: ess Rule 8.E.) (if yes, please explain) as experienced a determinidication was withheld (PJ) whether they occurred in	Telephone ation of guil C) or wheth

(d)	Have any professional privileges held by you ever been suspended or revoked in any state at any time? Have you ever voluntarily relinquished any professional privilege or assumed inactive status in order to avoid suspension or loss of that privilege in any state at any time?								
	Yes	•	•		tify the licensing/regu	ulatory	body involved and provide contact information.)		
☐ (e)	I have co			my application form AO	C-A-210, Criminal	And S	Sex Offender Record Search, found at the		
(f)	been filed	l against		filed for bankruptcy?	ave any civil judgm	ents t	peen taken against you? Have any tax liens		
(g)				ny court, non-profit agen		ve you	u ever been barred or suspended from serving		
☐ (h)	experience license; a	ing or be	ing notified of:	any criminal conviction(s	s); any disbarments) taken by any prof	s(s), re ession	on Commission within thirty (30) days of evocation(s) or suspension(s) of a professional nal licensing or regulatory body; any judicial		
				CERTIFICATION	AND RELEASE				
knowled Resoluti agree to individua	lge. I am of the lon Common mediate als, courts	of good in ission a indigent in indigent in indigent in indigent in indigent in indicate i	moral charact nd all rules ac cases withou tory or other b	er; I will adhere to all e dopted by the Supreme t pay and without cha podies, employers, trai	ethical rules and e Court of North rging for transpo iners, and refere	other Carol rtatior nces	n on this application to the best of my rules adopted by the NC Dispute lina for mediation of civil cases; and I n. In signing below, I authorize any provided with my application and/or the NC Dispute Resolution Commission.		
SWORN	I/AFFIRM	ED AND	SUBSCRIB	ED TO BEFORE ME	Date				
Date		Signature			Signature Of Applican	t			
Fitle Of Person Authorized To Administer Oaths			Name And Address Of Applicant (Type Or Print)						
Notary		Date (Date Commission Expires		_				
S	EAL	Count	y Where Notarized		-				
				FOR COMMISS	ION USE ONLY	'			
							ning Mediated Settlement Conferences, onferences in superior court civil cases.		
Date		Name	(Type Or Print)			Signa	ture		
		1				1			

STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT Human Resources Division PO Box 2448 Raleigh, NC 27602

CRIMINAL AND SEX OFFENDER RECORD SEARCH

				7A.T.A	ME				
Last Name		First No.		NA	ME	A 4: al al	In Manage		
Last Name		FIRST NA	First Name			ivilda	le Name		
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Dilvers License No.		State				Date	OI BIITII		
				4 D.D.	PEGG				
				ADD	RESS				
If you have moved v	vithin the last s	even (7) years pl	lease comp	lete t	he following informa	ation. Atta	ach additional p	pages if necessary.	
Current Street Address						Date	s Of Residency		
					From			То	
City		County	State		<u> </u>	Zip			
·	o., y							,	
Previous Street Address						Date	s Of Residency		
						From	-	То	
City			County			State		Zip	
Oity			County		State			ip	
Previous Street Address						Date	s Of Residency		
Trevious Street Address						From	-	То	
City			County			State		Zip	
City			County			State		Ζίρ	
					70.374.3.570				
			PRE	VIOU	US NAMES				
List ALL previous na necessary.	ames used and	d the effective dat	tes of each	(incl	uding married, maid	en and a	liases). Attach	additional pages if	
Last Name	First	Name	ne Mida		lle Name		Effective Dates		
							From To		
Last Name	Name		Middle	ddle Name		Effective Dates			
							From To		
Last Name	Name		Middle	ldle Name		Effective Dates			
							From To		
	I								
I certify that the info	ormation given	is true and corre	ct.						
Date					Signature				
			SEAI	RCH	RESULTS				
Results Of Criminal Record Search (ACIS/CCIS) No Record Found Following Record(s) Found				Results Of Sex Offender Search No Record Found Following Record(s) Found					
Date Offense					Date	Offense			
Date Offense					Date	Offens	Offense		
Date Offense					Date		Offense		
Completed by					Completed by				

CERTIFICATE OF OBSERVATION

Mediated Settlement Conference Program

Rule 8.C, Rules Implementing Statewide Mediated Settlement Conferences and Other Settlement Procedures in Superior Court Civil Actions

Note: A	All applicants for mediator certificati	n are advised to review MSC Rule 8.C prior to completing their observations.*
Pre-Liti	igation: Yes No	
Case C	Caption:	
Case/F	ile No.:	
I hereb	y certify that:	
1. I an	m currently certified by the NC Disp	e Resolution Commission as a superior court mediator.
2. On	(Date)	I conducted a mediated settlement conference in the above matter, which was observed by
		from the beginning of the mediation until its conclusion by settlement or impasse.
	(Type Or Print Name Of Observ	r)
		Signature Of Mediator
		Signature Of Mediator
		Name Of Mediator (Type Or Print)
		Email Address Of Mediator
This, th	ne day of	20

*Attorney applicants must observe two (2) mediated settlement conferences conducted by a certified superior court mediator from beginning to impasse or settlement, at least one (1) of which must be of a superior court case. Conferences eligible for observation are those disputes mediated prior to litigation by agreement of the parties, or cases pending before the NC Superior Court, the NC Court of Appeals, the NC Industrial Commission, the NC Office of Administrative Hearings, or the US District Courts for North Carolina, that are ordered to mediation or conducted by agreement of the parties, and which are conducted in accordance with the rules for mediation of the applicable entity. MSC Rule 8.C.

Non-attorney applicants must observe five (5) mediated settlement conferences conducted by at least two (2) different certified superior court mediators from beginning to impasse or settlement, at least two of which must be of superior court cases. Conferences eligible for observation are those disputes mediated prior to litigation by agreement of the parties, or cases pending before the NC Superior Court, the NC Court of Appeals, the NC Industrial Commission, the NC Office of Administrative Hearings, or the US District Courts for North Carolina, that are ordered to mediation or conducted by agreement of the parties, and which are conducted in accordance with the rules for mediation of the applicable entity. MSC Rule 8.C.