

STATE OF NORTH CAROLINA

APPLICATION FOR CERTIFICATION TO CONDUCT FAMILY FINANCIAL MEDIATIONS

G.S. 7A-38.4A; Rules for Settlement Procedures
in District Court Family Financial Cases

Name And Address Of Applicant

Date Of Birth

Telephone No.

Fax No.

Email Address

INSTRUCTIONS: Please type or print and mail this form with the required attachments to the NC Dispute Resolution Commission, PO Box 2448, Raleigh, NC 27602. Please enclose a check for your prorated certification fee made payable to the NC Dispute Resolution Commission. **Effective February 28, 2025, the NCDRC will charge a \$200.00 application certification fee.** The Commission reserves the right to request additional information from applicants as needed to process their applications.

SECTION I. EXPERIENCE

NOTE: All applicants must complete either Subsection 1 or Subsection 2 below.

- ☐ 1. I am applying as a Family Mediator Advanced Practitioner member of the Association for Conflict Resolution and I hold a four-year degree from an accredited college or university. Rule 8(a)(2)(a). (Attach a copy of a letter from ACR verifying your Family Mediator Advanced Practitioner status and a copy of your diploma.)

Or

- ☐ 2. I am applying as:
- ☐ a. a member in good standing of the NC State Bar or as a member similarly situated in good standing of the bar of another state with at least five years of experience after licensure as a judge, practicing attorney, law professor, and/or mediator, or a person with equivalent experience. Rule 8(a)(2)(b)(1).

- (i) I am a graduate of the following law school:

Name Of Law School	Location	Date Graduated

- (ii) I am a member in good standing of the following State Bar(s):

State	Date Admitted	Bar No.
State	Date Admitted	Bar No.

Or

- ☐ b. a licensed psychiatrist pursuant to N.C.G.S. § 90-9.1, with at least five (5) years of experience in the field after licensure. Rule 8(a)(2)(b)(2).

License No.	Date Originally Issued

Or

- ☐ c. a licensed psychologist pursuant to N.C.G.S. §§ 90-270.1 to -270.22, with at least five (5) years of experience in the field after the date of licensure. Rule 8(a)(2)(b)(3).

License No.	Date Originally Issued

Or

- ☐ d. a licensed marriage and family therapist pursuant to N.C.G.S. §§ 90-270.45 to -270.63, with at least five (5) years of experience in the field after licensure. Rule 8(a)(2)(b)(4).

License No.	Date Originally Issued

Or

- ☐ e. a licensed clinical social worker pursuant to N.C.G.S. § 90B-7, with at least five (5) years of experience in the field after licensure. Rule 8(a)(2)(b)(5).

License No.	Date Originally Issued

Or

(Over)

- ☐ f. a licensed professional counselor pursuant to N.C.G.S. §§ 90-329 to -345, with at least five (5) years of experience in the field after licensure. Rule 8(a)(2)(b)(6).

License No.	Date Originally Issued
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Or

- ☐ g. an accountant certified in North Carolina with at least five (5) years of experience in the field after date of certification. Rule 8(a)(2)(b)(7).

License No.	Date Originally Issued
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SECTION II. TRAINING

1. If applying pursuant to **Section I.1** above as a Family Mediator Advanced Practitioner Member of ACR:

- ☐ I have completed a two-day basic family law CLE course sponsored by the North Carolina Bar Association (NCBA) or equivalent course work. Rule 8(a)(1).

Name Of Course Completed	Location	Date Completed
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(If the course submitted is not the two-day NCBA course, please indicate the sponsoring organization, the number of hours spent in training, and provide an agenda.)

(To determine whether or not you are required to attend this course, refer to the Commission's policy on interpreting Rule 8(a)(1).)

2. If applying pursuant to **Section I.2** above:

- ☐ a. I have completed a two-day basic family law CLE course sponsored by the North Carolina Bar Association or equivalent course work. Rule 8(a)(1). ☐ I am exempt pursuant to FFS Rule 8(a)(1).

(To determine whether or not you are required to attend this course, refer to the Commission's policy on interpreting Rule 8(a)(1).)

Name Of Course Completed	Location	Date Completed
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(If the course submitted is not the two-day NCBA course, please indicate the sponsoring organization, the number of hours spent in training, and provide an agenda.)

And

- ☐ b. (i) I have completed a forty (40) hour family and divorce mediation training course approved by the NC Dispute Resolution Commission. Rule 8(a)(2)(b). *(Attach a copy of the certificate issued by your trainer.)*

Program Title	Date Completed	Training Conducted By
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*If the 40-hour training you completed was taken out-of-state or has not been approved by the Commission's office, you must contact the Commission's office and demonstrate that your training substantially complies with Rule 9. If the training you took was conducted online or partially online you must notify the Commission's office.

Or

- (ii) I am certified by the NC Dispute Resolution Commission to conduct mediated settlement conferences in superior court and I have completed a Commission approved 16-hour supplemental family and divorce mediation training course. Rule 8(a)(2)(b). *(Attach a copy of the certificate or letter issued by your trainer.)*

Program Title	Date Completed	Training Conducted By
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3. Whether applying pursuant to I.1 or I.2 above, non-attorneys or attorneys licensed in other states must complete a. **or** b. below:

- ☐ a. I am not licensed to practice law in one of the United States and I have completed a six-hour training course on North Carolina legal terminology, court structure and civil procedure. Rule 8(a)(3). *(Attach a copy of a certificate or letter issued from your trainer.)*

Date Course Completed	Training Conducted By
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Or

- ☐ b. I am licensed to practice law in a state other than North Carolina and I have completed at least six (6) hours of independent study in North Carolina legal terminology, court structure, and civil procedure. Rule 8(a)(3). *(Attach a letter describing the materials you studied.)*

(Over)

SECTION III. LETTERS OF REFERENCE

- ☐ I am not a member of the NC State Bar and have attached three letters of reference as to my good character, at least one of which is from a person with knowledge of my practice and experience as required by Rule 8(a)(4).

SECTION IV. OBSERVATIONS/MEDIATIONS - TO BE COMPLETED BY ALL APPLICANTS

(INSTRUCTIONS: All I.1 and I.2 applicants must complete subsection (a) below. I.1 and I.2 applicants who are not licensed to practice law in one of the United States, must also complete subsection (b).)

Observations:

- ☐ a. I have observed, with the permission of the parties, two (2) mediated settlement conferences involving custody and/or family financial issues and which were conducted by a mediator who is certified pursuant to the FFS Rules, who is a Family Mediator Advanced Practitioner of the Association for Conflict Resolution (ACR), or who is a custody mediator with the Administrative Office of the Courts. Conferences eligible for observation also include those conducted in disputes prior to litigation of family financial cases with the consent of the parties and which incorporate the FFS Rules. Conferences must be observed from the beginning through settlement or impasse. Rule 8(a)(5). *(Attach certificates of observation to your application.)*

Date Of Observation	Name Of Mediator Observed	County In Which Observation Completed	Hours Spent At Mediation	Case/File No. If Applicable

- ☐ b. I am a non-attorney applicant for certification and I have completed the following three (3) additional observations as required by Rule 8(a)(5).*

Date Of Observation	Name Of Mediator Observed	County In Which Observation Completed	Hours Spent At Mediation	Case/File No. If Applicable

NOTE: *Cases eligible for observation include civil or family cases or disputes prior to litigation which are conducted by a certified mediator pursuant to an order of a court or agreement of the parties incorporating the mediation rules of an NC state or federal court. Each mediation must be observed from the beginning to settlement or impasse. Rule 8(a)(5).

SECTION V. CHARACTER

(All applicants must complete this section.)

1. AUTHORIZATION AND RELEASE

- ☐ (a) **ATTORNEY/JUDGE APPLICANTS:** I hereby authorize and request that the NC State Bar, NC Judicial Standards Commission, and/or the disciplinary agency of any other state in which I am licensed or have been licensed to practice or have served as a member of the judiciary, to provide to the NC Dispute Resolution Commission information on all complaints filed against me, including but not limited to those administratively dismissed and those resulting in non-public discipline. In addition, I authorize any judge who has sanctioned me to provide the Commission with information about the circumstances surrounding the sanction.

Applicant's NC State Bar ID No. _____

If licensed to practice law in other states, complete the following:

State	Name Of Disciplinary Agency	Address	Telephone No.	Attorney's ID No.

(Over)

- ☐ (b) **NON-ATTORNEY APPLICANTS:** I hereby authorize the licensing/certification or disciplinary agency(ies) listed below to provide to the NC Dispute Resolution Commission information regarding the status of my license/certification and all complaints filed against me, including but not limited to those administratively dismissed or resulting in non-public discipline.

North Carolina Professional License/Certification No. _____
List name, address and telephone number of the North Carolina licensing/certifying agency. _____

If licensed/certified as a professional in other states, complete the following:

State	Name Of Disciplinary Agency	Address	Telephone No.	Applicant's ID No.

- ☐ (c) **ALL APPLICANTS WHO HAVE SERVED AS A NEUTRAL IN OTHER STATES:** I hereby authorize any entity responsible for qualifying and regulating the conduct of neutrals in any state where I served as a neutral, to provide to the NC Dispute Resolution Commission copies of all complaints filed against me in that state, including but not limited to those administratively dismissed or resulting in non-public discipline.

List all states in which you have served as a mediator or other neutral: _____

List agencies responsible for licensing/disciplining mediators or other neutrals in the above states: _____

State	Name Of Licensing/Disciplinary Agency	Address	Telephone No.

2. REPORT OF CRIMINAL CONVICTIONS/DISCIPLINARY ACTIONS/CIVIL JUDGMENTS (Rule 8(a)(7))

- (a) Have you ever been convicted of a crime (excluding infractions)? * ☐ Yes ☐ No (If "yes," please explain.)

For purposes of this application, the term "convicted" shall mean that the applicant has experienced a determination of guilt resulting from a plea or a trial of a felony or misdemeanor, regardless of whether adjudication was withheld (PJC) or whether imposition of sentence was suspended. All convictions as an adult are to be reported whether they occurred in a state (North Carolina or another State), federal, military, or foreign court.

- (b) Do you have any pending criminal matters? ☐ Yes ☐ No (If "yes," please explain.)

- (c) **Within ten (10) years of the date of this application:** Have you been subjected to disciplinary action by any professional/regulatory agency? Have you been sanctioned by a judge? Have you been the subject of any complaints, grievances or other such matters filed before a professional/regulatory body or before an officer of the court, including any that are pending?
☐ Yes ☐ No (If a grievance or other complaint has been filed against you in the last ten (10) years, please attach a copy of the grievance and your response to it. Attach a copy of any document informing you that you were reprimanded, censured or otherwise disciplined, and a copy of any dismissal of any grievance or complaint.)

(Over)

- (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 ☐ No (If "yes," please explain below and identify the licensing/regulatory body involved and provide contact information.)

- ☐ (e) I have completed and signed form AOC-A-210, Criminal And Sex Offender Record Search, included in the application packet. (Please return AOC-A-210 to the Commission with your completed application. **The DRC will complete the record search.**)

- (f) **Within ten (10) years of the date of this application:** Have any civil judgments been taken against you? Have any tax liens been filed against you? Have you filed for bankruptcy? ☐ Yes ☐ No (If "yes," please explain below.)

- (g) Whether or not you were formally qualified, i.e., certified, registered, *etc.*, have you ever been barred or suspended in any state from serving as a mediator or other neutral in any court, non-profit agency or other body?

☐ Yes ☐ No (If "yes," please explain.)

- ☐ (h) I understand that once certified, I am required to report to the NC Dispute Resolution Commission within thirty (30) days of experiencing or being notified of: any criminal conviction(s); any disbarments(s), revocation(s) or suspension(s) of a professional license; any judicial sanction(s); any tax lien(s); any civil judgment(s); or any filing(s) for bankruptcy.

I understand that once certified, I am required to report to the NC Dispute Resolution Commission any disciplinary complaint(s) filed with or action(s) taken by any professional licensing or regulatory body no later than thirty (30) days after receiving notice of the matter or, if a response to the grievance or complaint is permitted by the professional licensing, certifying, or regulatory body, no later than thirty (30) days after the due date for the response.

SECTION VI. AVAILABILITY - TO BE COMPLETED BY ALL APPLICANTS

INSTRUCTIONS: All applicants must complete this section.

1. **INDICATE JUDICIAL DISTRICTS IN WHICH YOU WISH TO MEDIATE UPON PARTY SELECTION IN FAMILY FINANCIAL CASES:**

☐ All Judicial Districts

☐ Selected Judicial Districts (Review the attached map and list districts below.)

2. **INDICATE JUDICIAL DISTRICTS IN WHICH YOU ARE WILLING TO ACCEPT COURT APPOINTMENTS TO MEDIATE IN FAMILY FINANCIAL CASES:**

☐ Selected Judicial Districts (Review the attached map and list districts below.)

(Over)

SECTION VII. CLERK MEDIATION PROGRAM - TO BE COMPLETED BY ALL APPLICANTS

(All applicants must complete this section.)

1. CLERK MEDIATION PROGRAM PARTICIPATION

I ☐ am ☐ am not willing to conduct clerk program mediations pursuant to G.S. 7A-38.3B excluding mediations of guardianship and estate matters.

2. AVAILABILITY (To be completed only by those mediators willing to participate in the Clerk Mediation Program.)**a. INDICATE COUNTIES IN WHICH YOU WISH TO CONDUCT MEDIATIONS UPON PARTY SELECTION EXCLUDING MEDIATIONS OF GUARDIANSHIP AND ESTATE MATTERS.**

☐ All Counties

☐ Selected Counties (Review the attached map and list counties below.)

b. INDICATE COUNTIES IN WHICH YOU WISH TO CONDUCT MEDIATIONS UPON CLERK APPOINTMENT EXCLUDING MEDIATIONS OF GUARDIANSHIP AND ESTATE MATTERS.*

☐ Selected Counties (Review the attached map and list counties below.)

*The Commission will notify the Clerks in the above-listed counties of your interest in receiving appointments. However, mediators should contact counties they have specified directly to learn of any local requirements relating to appointment of mediators and to verify their eligibility to receive Clerk appointments. Contact information for local Clerk staff is available through the Commission's office.

3. ☐ Please check here to receive a certification application packet to conduct mediations in guardianship and estate matters referred by Clerks of Superior Court.

CERTIFICATION

I, the undersigned, certify that I have given true, accurate, and complete information on this Application to the best of my knowledge. I am of good moral character; I will adhere to all continuing mediator education requirements, standards of professional conduct and other rules adopted by the NC Dispute Resolution Commission, and all rules adopted by the Supreme Court of North Carolina for mediation of equitable distribution and other family financial cases; and I agree to mediate indigent cases without pay, and without charging for transportation. In signing below, I authorize any individual, court, regulatory or other body, employer, trainer, and reference provided with my application and/or identified in the application or renewal process to release information about me to the NC Dispute Resolution Commission.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date

Signature Of Applicant

Date

Signature

Name And Address Of Applicant (type or print)

Title Of Person Authorized To Administer Oaths

☐ Notary

Date My Commission Expires

SEAL

County Where Notarized

FOR COMMISSION USE ONLY

Pursuant to G.S. 7A-38.4A and the Supreme Court of North Carolina's Rules for Settlement Procedures in District Court Family Financial Cases, you are certified as a mediator to conduct court ordered mediated settlement conferences in equitable distribution and other family financial cases.

Date

Name (type or print)

Signature

STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT

Human Resources Division

PO Box 2448

Raleigh, NC 27602

**CRIMINAL AND SEX OFFENDER
RECORD SEARCH****NAME**

Last Name

First Name

Middle Name

DRIVERS LICENSE

Drivers License No.

State

Date Of Birth

ADDRESS*If you have moved within the last seven (7) years, please complete the following information. Attach additional pages if necessary.*

Current Street Address

Dates Of Residency

From

To

City

County

State

Zip

Previous Street Address

Dates Of Residency

From

To

City

County

State

Zip

Previous Street Address

Dates Of Residency

From

To

City

County

State

Zip

Previous Street Address

Dates Of Residency

From

To

City

County

State

Zip

PREVIOUS NAMES*List ALL previous names used and the effective dates of each (including married, maiden and aliases). Attach additional pages if necessary.*

Last Name

First Name

Middle Name

Effective Dates

From

To

Last Name

First Name

Middle Name

Effective Dates

From

To

Last Name

First Name

Middle Name

Effective Dates

From

To

I certify that the information given is true and correct.

Date

Signature

SEARCH 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

Offense

Date

Offense

Date

Offense

Completed By

Completed By

CERTIFICATE OF OBSERVATION

Family Financial Settlement Conference Program

Rule 8(a)(5) of the Rules for Settlement Procedures in
District Court Family Financial Cases

Note: All applicants for mediator certification are advised to review FFS Rule 8(a)(5) prior to completing their observations.*

In Person: ☐ Yes ☐ No

Pre-Litigation: ☐ Yes ☐ No

Case Caption: _____

Case/File No.: _____

1. For custody and/or family financial mediations observed pursuant to FFS Rule 8(a)(5), the mediator states:

A. I am:

☐ a Family Mediator Advanced Practitioner member of the Association for Conflict Resolution.

☐ a mediator affiliated with the NC Administrative Office of the Court's Custody and Visitation Mediation Program.

☐ a mediator certified by the NC Dispute Resolution Commission to conduct mediated settlement conferences in family financial cases.

B. On _____, 20____, I conducted a mediated settlement conference of the above-captioned or referenced case involving custody and/or family financial issues.

C. The mediated settlement conference was observed from its beginning until its conclusion by settlement or impasse by

(type or print name of observer)

2. For mediations observed pursuant to FFS Rule 8(a)(5) which did not involve custody or family financial issues, the mediator states:

A. I am a mediator certified by the NC Dispute Resolution Commission to conduct mediated settlement conferences in superior court civil actions.

B. On _____, 20____, I conducted a mediated settlement conference of the above-captioned or referenced case.

C. The mediated settlement conference was observed from its beginning until its conclusion by settlement or impasse by

(type or print name of observer)

Signature Of Mediator

Name Of Mediator (type or print)

Email Address Of Mediator

This, the _____ day of _____, 20____.

***Attorney applicants** must observe two (2) mediated settlement conferences involving custody and/or family financial issues, from beginning through impasse or settlement, which are conducted by 1) a mediator certified by the NC Dispute Resolution Commission to conduct mediated settlement conferences in family financial cases; 2) a Family Mediator Advanced Practitioner member of the Association for Conflict Resolution; or 3) a NCAOC mediator. Conferences eligible for observation also include those disputes mediated prior to litigation of family financial issues which are mediated by agreement of the parties and which incorporate the FFS Rules. FFS Rule 8(a)(5).

Non-attorney applicants must observe five (5) mediated settlement conferences involving civil or family issues from beginning through impasse or settlement. Two (2) observations shall involve custody and/or family financial issues conducted by 1) a mediator certified by the NC Dispute Resolution Commission to conduct mediated settlement conferences in family financial cases; 2) a Family Mediator Advanced Practitioner member of the Association for Conflict Resolution; or 3) a NCAOC mediator. The three (3) additional eligible observations must be conducted by a mediator certified by the NC Dispute Resolution Commission and may include disputes mediated prior to litigation by agreement of the parties and cases conducted pursuant to court order, all of which must be conducted pursuant to the rules of a NC state or federal court or the rules of the NC Dispute Resolution Commission. FFS Rule 8(a)(5).