

# STATE OF NORTH CAROLINA

## APPLICATION FOR CERTIFICATION TO CONDUCT DISTRICT CRIMINAL COURT MEDIATIONS PURSUANT TO G.S. 7A-38.3D

G.S. 7A-38.3D; Rules of Mediation  
for Matters in District Criminal Court

Name And Address Of Applicant

Date Of Birth

Email Address

Telephone No.

Fax No.

**INSTRUCTIONS:** An Applicant for certification must complete Sections I, II, and III of this Application and his/her sponsoring center must complete Section IV.

I apply for certification to conduct District Criminal Court Mediations pursuant to G.S. 7A-38.3D and the Supreme Court of North Carolina's Rules of Mediation for Matters in District Criminal Court.

### SECTION I. REQUIREMENTS FOR CERTIFICATION

#### A. Affiliation (Rule 7(a)(1))

- ☐ At the time of this Application, I serve on the staff of or am a volunteer with the community mediation center named below which is established pursuant to G.S. 7A-38.5.

Name And Address Of Center

#### B. Training, Education and Experience (Rule 7(a)(2)) Complete only subsection 1 or 2 below.

##### 1.a. Training

- ☐ I have attended at least 24 hours of training in a district criminal court mediation training program that is certified by the NC Dispute Resolution Commission or that substantially complies with the requirements set forth in Rule 8(a). (Attach copy of certificate(s) from trainer(s) evidencing completion.)

##### b. Education and Experience

I have the following education and experience: (You must check at least one box below.)

- (i) ☐ I hold a four-year degree from an accredited college or university. (Attach a copy of your diploma, if available, or other verification.) or
- (ii) ☐ I have four years of post-high school education through an accredited college, university or junior college or I have four years of full-time work experience, or any combination thereof. (Attach copies of transcripts or other verification and a resume or letter describing the work experience you wish the Commission to consider.); or
- (iii) ☐ I have two years experience as a staff or volunteer mediator at a community mediation center. (Attach a copy of a letter(s) verifying your employment or service as a volunteer issued by the center(s) which you served for the two-year period.)

- 2.a. ☐ I am currently certified by the NC Dispute Resolution Commission as a superior court (MSC) or district court family financial (FFS) mediator; or

- b. ☐ I currently hold Advanced Practitioner Membership in the Association for Conflict Resolution (ACR). (Attach a copy of a certificate or other verification from ACR.)

#### C. Observations and Co-Mediations/Mediations (Rule 7(a)(2)(c))

##### 1. Observations

- ☐ I have observed at least two court-referred district criminal court mediations conducted by a mediator certified pursuant to these rules. (Attach Certificate(s) of Observation.)

##### 2. Co-Mediations/Mediations

- ☐ I have co-mediated or mediated at least three court-referred district criminal court cases under the observation of staff affiliated with a community mediation center established pursuant to G.S. 7A-38.5 and whose district criminal court mediator training program has been certified by the NC Dispute Resolution Commission. (Attach Certificates of Co-mediations or Mediations.)

- D. ☐ I am familiar with the statutes, rules, and practice governing district criminal court mediations in North Carolina (Rule 7(a)(3)).

- E. ☐ I agree to comply with all requirements of the NC Dispute Resolution Commission for continuing mediator education or training (Rule 7(a)(6)).

(Over)

## SECTION II. CHARACTER

### A. Criminal Convictions/Disciplinary Actions (Rule 7(a)(4))

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

\_\_\_\_\_

\_\_\_\_\_

2. Do you have any pending criminal matters? ☐ Yes ☐ No If "yes," please explain.

\_\_\_\_\_

\_\_\_\_\_

3. 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.

\_\_\_\_\_

\_\_\_\_\_

4. Are you currently being investigated or have you been disciplined by any professional licensing board or agency (e.g., the State Bar or Board of Psychologists)? ☐ Yes ☐ No If "yes," please explain below and identify the body that is investigating you or has disciplined you.

\_\_\_\_\_

\_\_\_\_\_

5. Have you been sanctioned by a judge? ☐ Yes ☐ No If "yes," please identify the judge and explain.

\_\_\_\_\_

\_\_\_\_\_

6. Have you served as a neutral (e.g., mediator, neutral evaluator, or arbitrator), in another state? ☐ Yes ☐ No If "yes," were you disciplined in connection with that service (e.g., decertified, taken off a registry, and/or placed on probation)?

☐ Yes ☐ No If "yes," please explain, identify the body that disciplined you and provide a telephone number.

\_\_\_\_\_

\_\_\_\_\_

7. Have you been asked to terminate your affiliation, either your employment or your service as a volunteer, with any community mediation center operating in North Carolina? ☐ Yes ☐ No If "yes," please identify the center, state the year employment or volunteer service was terminated and explain why.

\_\_\_\_\_

\_\_\_\_\_

### B. Responsibility for Ongoing Reporting of Character Information (Rule 7(a)(4))

☐ Once certified, I agree to report to the NC Dispute Resolution Commission, as soon as I have notice, any criminal convictions, disbarments, other disciplinary complaints or actions, and any judicial sanctions of which I am the subject.

### C. Background Check (Rule 7(a)(4))

☐ 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.**)

## SECTION III. COMMITMENT TO SERVE

☐ I agree to commit to serve the district criminal courts of North Carolina as a mediator under the direct supervision of a community mediation center established under G.S. 7A-38.5 for at least two years from the date of this Application (Rule 7(a)(5)).

## SECTION IV. CENTER RECOMMENDATION

This portion of the Application is to be completed by staff of the community mediation center with which the applicant is currently affiliated.

### Application for Certification

1. ☐ This Applicant is currently affiliated as a staff member or as a volunteer with the community mediation center identified in Section I.A of this Application.

2. ☐ A member of the center's staff has met face-to-face with this Applicant less than 30 days from the date of this Applicant's request to apply for certification and has reviewed this application with him/her and discussed the documentation that will be required.

(Over)

3. ☐ The center endorses this Applicant and has attached to this Application its letter of recommendation affirming that this Applicant possesses the education, training, experience, skills and good character necessary to conduct district criminal court mediations.

Date	Center Director Or His/Her Designee	Signature Of Center Director Or His/Her Designee
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**CERTIFICATION AND RELEASE**

I, the undersigned, certify that I have given true and accurate, and complete information on this Application to the best of my knowledge. I am of good moral character; I will adhere to all ethical rules and other rules adopted by the NC Dispute Resolution Commission, and all rules adopted by the Supreme Court of North Carolina for mediation of district court. In signing below, I authorize any individual court, regulatory or other body, community mediation center, employer, and/or trainer provided with my application 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

Date	Signature Of Person Authorized To Administer Oaths	Signature Of Applicant
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Title Of Person Authorized To Administer Oaths	Name and Address of Applicant (type or print)
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<input type="checkbox"/> Notary	Date My Commission Expires	
<b>SEAL</b>	County Where Notarized	

**FOR COMMISSION USE ONLY**

Pursuant to G.S. 7A-38.3D and the Supreme Court of North Carolina's Rules of Mediation for Matters in District Criminal Court, you are certified as a mediator to conduct mediations of district criminal court matters.

Date	Name (type or print)	Signature
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# 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 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**  
**(DISTRICT CRIMINAL COURT MEDIATION)**

G.S. 7A-38.3D(d); Rule 7(a)(2)(c)(1) of the Rules of Mediation for Matters in District Criminal Court

**Name of Observer:** \_\_\_\_\_

**Instructions:**

Rule 7(a)(2)(c)(1) of the Rules of Mediation for Matters in District Criminal Court provides that applicants for certification must complete two observations of mediations. Observations must be of mediations in court-referred, criminal district court cases and be conducted by a mediator who is certified by the NC Dispute Resolution Commission as a criminal district court mediator. Supply the information requested below for the mediations you observed.

**Mediations Conducted by a DRC-Certified District Criminal Court Mediator(s):**

1. In Person:     ☐ Yes    ☐ No

On (date) \_\_\_\_\_, I observed the mediation of case number \_\_\_\_\_

conducted by certified mediator(s): (Name Of Mediator(s)) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature Of Mediator*

\_\_\_\_\_  
*Signature Of Co-Mediator*

2. In Person:     ☐ Yes    ☐ No

On (date) \_\_\_\_\_, I observed the mediation of case number \_\_\_\_\_

conducted by certified mediator(s): (Name Of Mediator(s)) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature Of Mediator*

\_\_\_\_\_  
*Signature Of Co-Mediator*

**(DISTRICT CRIMINAL COURT MEDIATION)**

G.S. 7A-38.3D(d); Rule 7(a)(2)(c)(2) of the Rules of Mediation for Matters in District Criminal Court

**Name of Applicant for Certification:** \_\_\_\_\_

**Instructions:**

Rule 7(a)(2)(c)(2) of the Rules of Mediation for Matters in District Criminal Court provides that applicants for certification must mediate or co-mediate three court-referred district criminal court mediations under the observation of staff affiliated with a community mediation center whose criminal district court mediator training program has been certified by the NC Dispute Resolution Commission, pursuant to Rule 8 of these rules. Supply the information requested below for each case you mediated or co-mediated.

1. In Person: ☐ Yes ☐ No

On \_\_\_\_\_, I, \_\_\_\_\_,  
(Date) (Name Of Applicant)

☐ mediated    ☐ co-mediated    case no. \_\_\_\_\_ under the observation of \_\_\_\_\_,  
(Name Of Center Staff)

affiliated with \_\_\_\_\_  
(Name Of Community Mediation Center)

(Signature Of Above-Named Center Staff)

2. In Person: ☐ Yes ☐ No

On \_\_\_\_\_, I, \_\_\_\_\_,  
(Date) (Name Of Applicant)

☐ mediated    ☐ co-mediated    case no. \_\_\_\_\_ under the observation of \_\_\_\_\_,  
(Name Of Center Staff)

affiliated with \_\_\_\_\_  
(Name Of Community Mediation Center)

(Signature Of Above-Named Center Staff)

3. In Person: ☐ Yes ☐ No

On \_\_\_\_\_, I, \_\_\_\_\_,  
(Date) (Name Of Applicant)

☐ mediated    ☐ co-mediated    case no. \_\_\_\_\_ under the observation of \_\_\_\_\_,  
(Name Of Center Staff)

affiliated with \_\_\_\_\_  
(Name Of Community Mediation Center)

(Signature Of Above-Named Center Staff)