

**NASSAU COUNTY BAR ASSOCIATION**  
**MEDIATION AND ARBITRATION PANELS**

**MEDIATOR APPLICATION**

To serve as a Mediator on the NCBA Mediation and Arbitration Panels, you must be a member of the Nassau County Bar Association in good standing, admitted to the New York State Bar for at least 10 years, have a minimum of 40 hours of training as a mediator from an approved provider, and pay the annual fee for Panel membership of \$250. This fee may be waived in any subsequent year if no cases have been assigned. Please make out your check to the Nassau County Bar Association and mail with this application to NCBA, Attention: ADR Administrator.

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

*Print or Type*

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

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

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Legal Education**

Law School Attended: \_\_\_\_\_

Date of Graduation and Degree: \_\_\_\_\_

Post Graduate Degree(s): \_\_\_\_\_

Have you received a minimum of 40 hours of training as a Mediator? Yes \_\_\_\_\_ No \_\_\_\_\_ \*

\*NOTE: An applicant must have **40** hours of training from an approved provider.

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**FOR NCBA USE ONLY**

**ACTION BY ADR ADVISORY COUNCIL:** \_\_\_\_\_

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**ADR ADVISORY COUNCIL MEMBER**

If yes, please provide the name of training organization, date of training, and brief description of the course or program and the number of hours. (*Attach separate sheet as necessary*)

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Have you been certified as a mediator by the Office of Court Administration (OCA) Yes\_\_ No\_\_

List all courts in which you are presently admitted to practice and dates of admission:

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Indicate the general nature of your law practice, and areas of concentration, (if any):

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State whether you have previously served as a Mediator: Yes\_\_\_\_ No\_\_\_\_\_

If yes, indicate the type of matters in which you have served as a Mediator:

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State whether you have previously served as counsel to a party in a mediation: Yes\_\_\_\_ No\_\_

If yes, briefly describe your experience, including the types of disputes involved:

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What percentage of your practice in the last five years was:

Civil:\_\_\_\_\_ Administrative:\_\_\_\_\_ Criminal:\_\_\_\_\_ Other:\_\_\_\_\_

Are you or have you ever been engaged in any other occupation other than the practice of law?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, provide details: \_\_\_\_\_

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Have you ever been the subject of any complaint charging you with a breach of ethics or with unprofessional or illegal conduct by, or made to, any court, administrative body, bar association, disciplinary committee or other professional group? Yes \_\_\_\_\_ No \_\_\_\_\_

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List all bar associations and professional societies which you are currently a member of, or which you have been a member of, within the past 5 years:

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Are you now, or within the last 5 years, have you been, a member or the chairperson of any committee of any professional organizations or societies, including bar associations? If so, please provide details and include dates:

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Provide the name and contact information for two professional references who may be contacted regarding your qualifications to be a Mediator:

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**I hereby consent to a full disclosure of the proceedings relating to my application for appointment as a Mediator and authorize the NCBA Judiciary Committee to make any inquiry of any person or organization concerning my qualifications for such position. I acknowledge that any failure to disclose information or providing false or misleading information requested by the Judiciary Committee shall be grounds for denial of appointment or removal from this position. I hereby affirm that all information contained herein is true to the best of my knowledge and belief.**

X \_\_\_\_\_  
Signature of Applicant

**CONSENT AND AFFIRMATION**

I agree that, if found through the website of the Nassau County Bar Association, I will administer the case through the Bar Association and will charge the rate set by the Rules.

If appointed, I hereby agree to serve as a Mediator pursuant to the Rules for Mediation of the Nassau County Bar Association, and affirm that I will equitably and justly assist all parties in all matters coming before me to the best of my ability.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_