

**Tallapoosa Circuit  
Juvenile Mediation Program  
Mediator Application**

In order to mediate court referred cases in the Tallapoosa Circuit's Juvenile Mediation Program, you must complete this application and attach copies of certificates of completion from all mediation training courses.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: Home (    ) \_\_\_\_\_

Office (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Languages Fluently Spoken: \_\_\_\_\_

Are you certified as a mediator with the Georgia Office of Dispute Resolution?

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

If yes, what type of mediation are you certified to handle (please include a copy of your certification letter) \_\_\_\_\_

When does your certification expire? \_\_\_\_\_

Employment: Please list employment history for the past five years, including the place of employment, position held, supervisor, and the dates of employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: Please list name of schools, dates attended, graduation dates and degrees.

College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mediation Experience:

Mediation Training: (Attach Certificates of Completion)

Course	Trainer	Hours	Date
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your mediation experience, including number and types of cases mediated.

\_\_\_\_\_

\_\_\_\_\_

Mediation Observations: (If you took a course, please list the course and date taken)

Type of Case	Date	Location	Mediator Observed
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been charged with or convicted of a felony or misdemeanor other than traffic offenses? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain on a separate sheet of paper.)

Please indicate which counties you are willing to mediate in:

- Polk \_\_\_\_\_
- Paulding \_\_\_\_\_
- Haralson \_\_\_\_\_

I understand that by completing this application that I am giving my permission to the Seventh Judicial Administrative District's Mediation Coordinator to perform a criminal record check with law enforcement authorities. The results will be used only in considering my suitability for the juvenile mediation program. By signing below, I am affirming that all statements herein are true and correct to the best of my knowledge.

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

Completed application should be sent to: Seventh Judicial Administrative District, Juvenile Mediation Program, P.O. Box 963, Cartersville, GA 30120.

**Seventh Judicial Administrative District  
Mediator Fee Schedule**

Please list both your hourly and daily rate for mediation. You may not charge this rate until you have received written approval from the ADR Office. The ADR Office will give out these rates. Any cancellation without 48 hours notice will result in the standard cancellation fee of two times your hourly rate.

Hourly Rate: \_\_\_\_\_

Daily Rate: \_\_\_\_\_

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

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

**Seventh Judicial Administrative District**

**Mediator Resume**

(This information will be listed on the mediator list.)

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

Office Phone Number: \_\_\_\_\_

Area(s) of Expertise:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADR Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADR Fees:  
\_\_\_\_\_  
\_\_\_\_\_

Counties Within the Seventh District You Will Mediate In:  
\_\_\_\_\_  
\_\_\_\_\_