

Mediator Information

Name:

Business Affiliations

Business Address

Telephone (business)

Cell Phone:

Email:

Years in Practice

Substantive Law Practice: By submitting this form, I attest that I have devoted a substantial amount of my law practice concentrating in the following areas:

Attorney Malpractice

Contracts

Commercial

Construction

Education/School Law

Environmental

Insurance

Intellectual Property

Family Law

Labor and Employment

Mechanics' Lien

Personal Injury

Subrogation

Real Estate

Mediation Training Completed (list provider name and dates of training):

Number of Mediations

Participated in as Attorney/Advocate:

Participated in as Mediator:

References (lawyers who have participated in mediations with you):

By submitting this application, I consent that the information furnished by me may be used by The Chicago Bar Association to determine my qualifications to participate in the Chicago Bar Association Mediation Program. I also authorize the Illinois Supreme Court Attorney Registration and Disciplinary

Commission or any other bar association or disciplinary body to furnish The Chicago Bar Association with information concerning complaints against me.

I consent that my name may be classified at the discretion of the Mediation Program Administrator or withdrawn from classification at any time provided that I may withdraw from the Mediation Program at any time by written notice to the Association. I acknowledge that, inasmuch as it is not a right but a privilege to participate, a lawyer may be suspended or permanently removed from the Mediation Program for good cause shown. I understand that upon receipt of any complaint against me, I may be re-screened.

Fees:

I agree to pay a fee of \$100 to have my name included on the list of available mediators. When your application is approved, you will receive an invoice for the \$100. After that invoice is paid, your name will appear on the list of available mediators.