

For Office Use Only

CME Completed \_\_\_\_\_ Date Renewal Received \_\_\_\_\_ Approved \_\_\_\_\_ Date Approved \_\_\_\_\_

Fee Enclosed \_\_\_\_\_ Fee Waived \_\_\_\_\_

**MEDIATOR RENEWAL  
2019**

**Mediator approval must be renewed for each calendar year in order to conduct mediations within an approved program, by court order, by state government, or as otherwise required by state statute. There is a \$50 renewal fee. Mediators only doing volunteer work or who work for court financed programs may have their fee waived.**

**Checks should be made payable to: Kansas Judicial Branch. Mail renewal form to:**

**Director of Dispute Resolution  
Office of Judicial Administration  
301 SW 10<sup>th</sup>  
Topeka, KS 66612-1507**

**Website: <http://www.kscourts.org/programs/Alternative-Dispute-Resolution/default.asp>**

Mediator Number: \_\_\_\_\_

Current CME Hours: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

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

**Please verify that the above information is correct. It will be used for referral purposes.**

**If you do not have six Continuing Mediation Education hours recorded, please attach verification of completed hours or wait to submit your renewal until you have completed the six hours.**

Do you wish to have your name given out for referral purposes: Yes \_\_\_\_\_ No \_\_\_\_\_

*(A renewal fee is required to receive referrals.)*

Please mark with an "X" the types of dispute resolution offered:

Mediation \_\_\_\_\_ Conciliation \_\_\_\_\_ Case Management \_\_\_\_\_

Neutral Evaluation \_\_\_\_\_ Arbitration \_\_\_\_\_ Other \_\_\_\_\_  
(Please Specify)

Are you willing to be a mentor mediator: Yes \_\_\_\_\_ No \_\_\_\_\_

*(You must be an approved mediator, have completed 40 hours of training, and provided 2 references from referral sources)*

Do you conduct dispute resolutions as a Judicial Branch employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a court services officer? Yes \_\_\_\_\_ No \_\_\_\_\_

**Or** Do you conduct dispute resolutions as a non-court State of Kansas employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you requesting a fee waiver? \_\_\_\_\_ Why? \_\_\_\_\_

Are you a licensed attorney? Yes \_\_\_\_\_ No \_\_\_\_\_

### Judicial Districts of Mediation

1. Please choose which judicial districts you are willing to mediate in. A map of judicial districts is attached.

District(s): \_\_\_\_\_

**K.S.A. 5-506 (b)** requires that the Office of Judicial Administration report the number of cases conducted by approved mediators.

### Dispute Resolution Summary

(Provide a **specific number**, not a range, i.e. 10-50)

2. **Number of mediations** provided per category (i.e. 5 Civil Rights). Count each case just once.

If no services were provided, check here \_\_\_\_\_

_____ Domestic (Custody/Parenting Plan)	_____ Domestic (Property)	_____ Family
_____ Domestic (Full Case)	_____ Civil Rights	_____ Employment
_____ Agricultural	_____ Special Education	_____ Malpractice
_____ Personal Injury	_____ Environmental	_____ Small Claims
_____ Limited Actions	_____ Consumer	_____ Parent/Adolescent
_____ Victim/Offender	_____ Church	_____ Probate
_____ Community	_____ Public Policy	_____ Workers Comp
_____ Juvenile Dependency		
_____ Other, please specify: _____		

3. **Number of other forms** of dispute resolution cases (conciliations, arbitrations, settlement conferences, case management, neutral evaluations, and others). If no services were provided, check here \_\_\_\_\_

_____ Domestic (Custody/Parenting Plan)	_____ Domestic (Property)	_____ Family
_____ Domestic (Case Management)	_____ Domestic (Full Case)	_____ Civil Rights
_____ Employment	_____ Agricultural	_____ Special Education
_____ Malpractice	_____ Personal Injury	_____ Environmental
_____ Small Claims	_____ Limited Actions	_____ Consumer
_____ Parent/Adolescent	_____ Victim/Offender	_____ Church
_____ Probate	_____ Community	_____ Public Policy
_____ Workers Comp	_____ Facilitation of group disputes	
_____ Juvenile Dependency		
_____ Other, please specify: _____		

4. Please choose from the lists on the previous page those areas of specific expertise which may have changed from your original application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS PORTION OF THE FORM IS OPTIONAL**

5. What language(s), other than English, can you use in mediation? \_\_\_\_\_  
\_\_\_\_\_

6. Estimated average number of hours per case in preparation and actual work with the parties, including paperwork? \_\_\_\_\_

7. The following information may be provided in the referral process.  
Average fee per hour: \_\_\_\_\_

8. Comments and Suggestions:

9. Have major changes occurred this year in how dispute resolution is conducted or are there any dispute resolution programs or services which have begun in the past year in your judicial district? If so, what has occurred?