

**APPENDIX I (L.R. 4.24, fka 4.11)**

**MEDIATOR QUALIFICATION QUESTIONNAIRE**

Name \_\_\_\_\_

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

Telephone \_\_\_\_\_

List any formal post-law school training for mediation (including seminars). Include the dates of the formal training:

List the number of cases you acted as mediator:

Check off the following areas you feel confident in mediating:

- Tort \_\_\_\_\_
- Commercial \_\_\_\_\_
- Products Liability \_\_\_\_\_
- Administrative Appeals \_\_\_\_\_
- Workers Compensation \_\_\_\_\_

List any professional associations affiliated with mediation:

By submitting this application, I acknowledge I am familiar with Local Rule 4.25 on mediation, and I agree to comply with those rules.

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Signature

**\*This application must be submitted to:**

**Manager, Court Administration  
Government Services Center  
315 High Street, 3<sup>rd</sup> Floor  
Hamilton, Ohio 45011**