

Application for Mediator Certification Renewal

Florida Dispute Resolution Center~Supreme Court Building~500 South Duval Street~Tallahassee, Florida~32399

DRCmail@flcourts.org ~ Phone 850.921.2910 ~ Fax 850.922.9290

Administrative Use Only
F N Q CME

1 Certification Number (Required)

0000F

2 Renewal Date (Required)

Jan 25, 2013

Visit the link below to look up your Certification Number and Renewal Date
http://199.242.69.70/pls/drc/drc_main_screen

3 Certification Type (Check All That Apply):

County (C) Family (F) Circuit (R) Dependency (D) Appellate (A)

4 Full Name (as on file with DRC)

John P. Doe

5 Primary Mailing Address

Street

0000 Any Street

City

Any City

Zip Code

00000

County

Alachua

State

Florida

Country

United States

6

Primary Contact Phone Numbers

000-000-0000

Business

000-000-0001

Mobile

000-000-0002

Home

7 Email Address

JohnDoe@email.com

DoeJ@email.com

8 Secondary Mailing Address

Street

0000 Another Street

City

Any City

Zip Code

00000

County

Alachua

State

Florida

Country

United States

(If a P.O. Box is your primary, you must have a physical address as your secondary address)

**Your primary address will be listed on the Mediator Search webpage unless you check this box*

9 Renewal Fees

Family (F) \$150.00

Make your check or money order
payable to State of Florida

***NOTE:** For certifications that have lapsed 1-180 days, renewal fees are double the amounts listed; certifications that have lapsed 181-365 days are five times the amounts listed up to a maximum of \$750.

An application for mediator renewal will not be processed without the correct fees.

Good Moral Conduct

Please be advised that all applications and renewals will be the subject of a background check. Please answer each question below.

a. Have you ever been convicted of, pled guilty, or pled no contest, regardless of whether adjudication of guilt or imposition of sentence was suspended, deferred, or withheld in relation to any of the following:

- (1) a felony, misdemeanor of the first degree, or misdemeanor of the second degree involving dishonesty or false statement;
- (2) a conviction of a similar offense described in subdivision (1) that includes a conviction by a federal, military, or tribal tribunal, including courts-martial conducted by the Armed Forces of the United States;
- (3) a conviction of a similar offense described in subdivision (1) that includes a conviction or entry of a plea of guilty or no contest resulting in a sanction in any jurisdiction of the United States or any foreign jurisdiction. A sanction includes, but is not limited to, a fine, incarceration in a state prison, federal prison, private correctional facility, or local detention facility; or
- (4) a conviction of a similar offense described in subdivision (1) of a municipal or county ordinance in this or any other state.

No

b. Have you ever been sanctioned for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association or other professional group?

No

c. Have you ever been demoted, disciplined, suspended, terminated or formally reprimanded by an employer? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, the background and resolution of such action and relevant documentation.

No

d. At any time in your past, were you reprimanded, sanctioned or in any other way investigated subject to disciplinary procedures of any type in any jurisdiction?

No

e. Have you ever applied for certification or licensure in any state as a member of a recognized profession and been denied?

No

f. Are there any other items or incidents you wish to make known in connection with this application?

No

If you answered yes to any of the above, you must provide the following information:

- a) Copies of all documentation related to the case;
- b) A statement, sworn to be truthful, as to the circumstances surrounding the incident(s);
- c) A statement describing and a copy of the order if currently on probation;
- d) Any effort at rehabilitation; and
- e) Any other information you believe would be useful in reviewing your application.

NOTE: If you answer yes to any of the background questions and do not provide all copies of related information, you will be asked to furnish additional documents and sworn statements before your application will be reviewed.

Notary (Signatures must be originals and mailed in)

I, _____, swear/affirm that the information supplied on this application is correct, that to the best of my knowledge I qualify for the renewal(s) for which I have applied. I further certify that I will notify the Dispute Resolution Center (DRC), in writing, of any address change, legal name change, felony or first degree misdemeanor conviction, or any change in the status of professionally license which I currently hold. I understand that any omissions, falsifications, misstatements or misrepresentations of the information provided in this renewal, or information required to be subsequently provided, may be grounds for decertification. I further certify that I have read, understand and agree to abide by Chapter 44, Florida Statutes; the most recent Supreme Court Administrative Order(s) on mediator certification; the Florida Rules for Certified and Court-Appointed Mediators; the Florida Rules of Civil Procedure 1.700-1.750; Florida Small Claims Rule 7.090; the Florida Family Law Rules of Procedure 12.740-12.741 (*for family mediators*); and 8.290 Florida Rules of Juvenile Procedure (*for dependency mediators*); and Appellate Rules of Procedure 9.700-9.740 (*for appellate mediators*).

State of _____
County of _____

Signature of Applicant
Sworn to and subscribed before me this _____ day of _____, 20____

Signature of Notary Public Notary Seal
Print, type or stamp commissioned name of Notary Public
Personally known _____ or Produced ID _____ Type of ID _____

Print Form