



MEDIATION SERVICES

Mediator Application

Name: _____ State Bar #: _____

Firm: _____ *BASF #: _____

Address: _____ City/State/Zip: _____

Telephone: _____ FAX: _____

E-mail: _____

**Mediators must be members of The Bar Association of San Francisco. Membership is not limited to San Francisco attorneys; a special rate is offered for attorneys in other counties and to ADR professionals who are not attorneys: www.sfbar.org/membership.*

EXPERIENCE AND TRAINING: Mediators must have completed at least 40 hours of mediation training and participated as the mediator in at least 10 mediations within the last five years.

1) EXPERIENCE: List types & dates [i.e. Family Law 05/10] within the last 5 years in which you served as the mediator.

_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____
_____	Date: _____	_____	Date: _____

2) MEDIATION TRAINING:

A) Provider: _____

Length of training: _____ Dates: _____

B) Provider: _____

Length of training: _____ Dates: _____

3) MEDIATORS MUST AGREE TO AND CERTIFY THE FOLLOWING:

- A) I certify that I am a member of The Bar Association of San Francisco and agree to keep my Membership current while serving on this mediation panel.
- B) I agree to provide the first hour of preparation and the first two hours of mediation session time per case at no charge to the parties, as a service to the Court, the Bar and the community.
- C) I will send my Panel fee of \$ _____, which represents one hour at my current mediation rate, upon acceptance to the panel.
- D) If I am contacted directly by a party, who located me on the BASF website or otherwise through marketing by BASF Mediation Services, I will notify BASF.
- E) I certify that I am not currently the subject of any State Bar, or like organization, disciplinary proceedings, have no criminal charges pending anywhere, have not been convicted of a criminal offense and have had no State Bar or like organization disciplinary proceedings adversely resolved against me.
- F) I agree to indemnify and hold harmless BASF, the Court, its directors, officers, members and employees from any claim, demand, action, liability, expense or loss resulting in whole or in part from my handling of any mediation matter referred to me by BASF or by my failure to comply with any of the provisions in this application.
- G) **Choose one:**
 - 1. I carry Errors and Omissions Insurance for Mediators; AND
 - 2. I have attached my legal malpractice policy's declaration page.

4) LETTERS OF REFERENCE:

Attach two (2) letters of reference from parties or counsel in matters where **you served as the mediator.** Do **not** attach your biography or areas of experience at this time. If approved, we will contact you for this information.

5) Your signature here indicates that you agree to the entire contents of this agreement and that, under penalty of perjury, the above information provided by you is true and correct.

Date: _____ Signature: _____

BASF/ Mediation, 50 Fremont Street, 17th Floor, San Francisco, CA 94105
adr@sfbbar.org * Direct: 415.782.8905 * www.sfbbar.org/mediation