



Cobb County Superior Court ADR Program

Neutral Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address

City State Zip Code

Phone: _____ Email _____

Formal Education

School: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

School: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

All general civil mediators for Cobb County Superior Court must be active members in good standing with the Georgia Bar.

Date entered into practice of law: _____ State Bar Number: _____

County of admission: _____

What type(s) of law do you/have you practice(d)? _____

List each place of practice:

Mediation Training

Please list any mediation training you have received:

<u>Trainer</u>	<u>Course Taken</u>	<u>Date</u>	<u>Hours</u>

Mediation Experience

What type(s) of certification are you seeking?

Domestic ☐ General Civil ☐ Both ☐

Are you certified to mediate cases with allegations of domestic violence? Yes ☐ No ☐

Have you ever acted as a professional mediator before? Yes ☐ No ☐

If yes, for how many years? _____ How many cases have you mediated? _____

What types of cases have you mediated? _____

Are you willing to mediate in any of the following categories? (Check all that apply.)

Online mediations such as Zoom YES ☐ NO ☐

Cases with self-represented parties YES ☐ NO ☐

Pro bono and/or limited-fee mediations YES ☐ NO ☐

Emergency substitute mediator YES ☐ NO ☐

Are you fluent in another language? YES ☐ NO ☐ If yes, what language(s)? _____

Disclaimer and Signature

I certify that the above information is true and correct. I understand that any misstatement or misrepresentation made by me as part of the application process may result in removal from the Cobb Superior Court ADR Program's approved list of neutrals.

Signature: _____ Date: _____