

THE MEDIATION COUNCIL OF ILLINOIS

P.O. Box 97, Cary, IL 60013
(312) 641-3000
www.mediationcouncilofillinois.org



MEDIATOR REFERRAL MEMBERSHIP APPLICATION **(For New Applicants)**

The Directory. Thank you for your interest in being included in the Mediation Council Referral Directory. The Directory is made available to individuals or groups who request referral information through our telephone service, our web page, or otherwise. To be included in the Referral Directory, your application must be complete and must be approved by the Board of Directors of The Mediation Council, in its sole discretion. Only Referral Members of The Mediation Council are eligible to be included in the Directory; organizations or firms are not listed, other than as the individual mediator's place of employment. There is an annual, non-refundable application fee of \$75.00 for Referral membership. This fee is in addition to your annual regular membership dues and is not prorated. You will need to renew your application each year, provide updated information, and documentation and the annual application fees.

Requirements. In order for your name to be included in the Referral Directory, you need to be a Regular Member, in good standing, of The Mediation Council and meet the additional requirements set forth below. We understand that this application requests detailed information and documentation and we thank you for your willingness to provide this information. It is the only way we know of to be reasonably careful and consistent in trying to insure that those who are ultimately approved satisfy the qualifications on an ongoing basis. Also, due to the time and expense involved in screening applications, the application fee is not refundable regardless of whether the applicant is approved for the Referral Directory. (The Board would enjoy your feedback and ideas on these subjects.) *Please verify that you have met all the requirements by completing the entire application, signing the four verification statements, and sending the requested documentation along with the non-refundable annual application fee of \$75.00 to the Treasurer of The Mediation Council.*

Summary of Necessary Qualifications

REFERRAL MEMBER (Voting) \$75.00

1. Regular MCI Member, in good standing of The Mediation Council of Illinois.
2. At least 40 hours of approved family mediation training.
3. At least 2 hours of approved domestic violence mediation training.
4. Documentation of current mediator malpractice insurance coverage.
5. Completion of at least 5 family mediations resulting in agreement on all issues presented.
6. Submission of a complete application including all required documentation and the *non-refundable* \$75 application fee.

1. Name _____
Organization or Firm Name _____
Mailing address _____
City _____ State _____ Zip Code _____
Telephone: _____ Facsimile: _____
E-Mail: _____

Please list all contact information as you want it to appear on our referral lists and our MCI web site.

I hereby authorize the Mediation Council of Illinois to utilize the information above at the discretion of MCI.

DATE: _____ SIGNATURE: _____

2. Please describe how you have completed at least forty (40) hours of family mediation training approved by the Academy of Family Mediators or the Association of Family and Conciliation Courts and attach a copy of your certificate(s) of completion or equivalent documentation. *(New applicants must attach the 40-hour training documentation.)*

Date: _____ Provider: _____

Description: _____

3. Please describe how you have completed at least two (2) hours of mediation training on domestic violence and attach a copy of your certificate(s) of completion or equivalent documentation *(new applicants must attach the domestic violence training documentation)*.

Date: _____ Provider: _____

Description: _____

4. Please provide the name of your mediator malpractice carrier, the effective dates of the policy and the types of mediation that are covered and attach 1) a copy of the declarations page from your policy (please note you are responsible for providing updated policy information should your policy expire prior to the term of your membership), and 2) any additional documentation that is necessary to show that your policy expressly covers you for mediation. *(Please note that some therapists' and counselors' policies do not expressly cover mediation and will not satisfy this requirement. Please review your policy carefully and be sure to submit all portions that are necessary to satisfy this requirement.)*

Effective Dates: _____ Carrier: _____

Description of Coverage: _____

5. Please submit how you completed the five family mediations.

6. Do any of the professions in which you practice require licensure or membership in an association or organization? _____ yes _____ no

If so, please describe the requirement and attach a copy of your current license, certification, membership card or other appropriate documentation. _____

7. Please describe the nature of your current professional practice (e.g., therapy and mediation, law and mediation, etc.) and attach a copy of your current curriculum vitae. _____

8. What is your educational background (Law? Mental Health? Financial? Others?), and what degree(s) do you hold? _____

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9. What is your professional background? _____

10. At what address(es) do you **regularly** provide mediation services? (Please note, to be listed in multiple counties, you must list an address in each County where you physically provide mediation services (or your office location must be within 5 miles of another county) *(Please provide full address(es) including zip code(s) and the county or counties)*

Primary Address: _____

County: _____

Additional Address: _____

County: _____

11. Are any of these addresses within 5 miles of another County? If so, which address and what is the other county? _____

12. If approved, do you want your name included on a Mediation Council list of pro-bono mediators?
_____ Yes _____ No If yes, how many pro-bono mediations are you willing to do in the next year (from Mediation Council referrals)? _____

13. What types of family issues do you mediate?

- _____ Divorce
- _____ Elder Care/Guardianship
- _____ Financial Matters/Property
- _____ Health Care Matters
- _____ Juvenile Matters
- _____ Older Caregiver/Foster Care
- _____ Parenting Coordinator
- _____ Parenting Matters
- _____ Post-Decree Matters
- _____ Pre-Nuptial
- _____ Same Sex Financial Matters /Property
- _____ Same-Sex Parents
- _____ Separation
- _____ Unmarried Financial Matters/Property
- _____ Unmarried Parents
- _____ Other, please specify _____

14. What type(s) of mediation services do you provide other than family mediation? *(please specify non-family mediation services and include your experience in terms of training, number of mediations you have conducted, years of experience, etc.)*

15. If there are languages besides English in which you can conduct mediation, please list them here: _____

16. **I HEREBY VERIFY THAT I HAVE SUCCESSFULLY COMPLETED FIVE FAMILY MEDIATIONS THAT RESULTED IN AGREEMENT ON ALL ISSUES PRESENTED.**

Signature _____ Date _____

17. **I HEREBY VERIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION, AND ALL THE INFORMATION I SUBMIT IN SUPPORT OF THIS APPLICATION, IS TRUE AND ACCURATE. I ALSO VERIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE MEDIATION COUNCIL OF ILLINOIS' "STANDARDS OF PRACTICE FOR MEDIATORS" AND MCI ETHICS PROCEDURES IN SUPPORT THEREOF. I ACKNOWLEDGE AND AGREE THAT MY NAME CAN BE REMOVED FROM THE REFERRAL DIRECTORY, AND THAT MY MEMBERSHIP IN THE MEDIATION COUNCIL CAN BE TERMINATED, AT THE DISCRETION OF THE BOARD OF DIRECTORS FOR NOT ABIDING BY THOSE STANDARDS OF PRACTICE OR NON-COMPLIANCE WITH MEMBERSHIP REQUIREMENTS AT THE BOARD'S DISCRETION.**

Signature _____ Date _____

18. **I HEREBY VERIFY AND AGREE THAT IF I AM INCLUDED IN THE MEDIATION COUNCIL REFERRAL DIRECTORY, I WILL CONTINUOUSLY MAINTAIN MEDIATOR MALPRACTICE COVERAGE FOR ALL AREAS OF MEDIATION THAT I PRACTICE AND FOR THE ENTIRE TIME THAT I AM INCLUDED IN THE REFERRAL DIRECTORY.**

Signature _____ Date _____

19. **I HEREBY VERIFY AND AGREE THAT IF I AM INCLUDED IN THE REFERRAL DIRECTORY, THE DIRECTORY INFORMATION RELATED TO ME MAY BE DISTRIBUTED AT THE DISCRETION OF THE BOARD OF DIRECTORS OF THE MEDIATION COUNCIL, WHETHER THAT BE IN HARD COPY, ORALLY IN RESPONSE TO TELEPHONE INQUIRIES, THROUGH THE MEDIATION COUNCIL WEB PAGE OR OTHERWISE. I HEREBY RELEASE THE MEDIATION COUNCIL FROM ANY CLAIM I MAY HAVE, NOW OR IN THE FUTURE, IN THAT REGARD.**

Signature _____ Date _____

20. Your name will automatically be listed on the MCI mailing list and online communication. If you wish to remain off these lists, please designate below.

Please do not include my name on the MCI mailing and online lists.

Signature _____ Date _____

21. If your referral application is approved, do you want your website listed on the MCI website?
_____ Yes _____ No

If Yes, you must complete and submit the separate application below and annual fee, which runs concurrent with your membership. Sorry, no proration.

My website is: _____



MCI WEBSITE LISTING

A benefit we offer for MCI Referral Members is to post your website address with your MCI Referral Directory listing. To have your website link posted with your MCI Referral member listing, MCI requires that you provide a link back to the MCI Website on your website, at all times. The fee for posting your website address on the MCI website is a \$25.00 annual fee. *(Please note, that there will be no proration of this fee and renewal of this fee will coincide annually with your Referral membership renewal.)*

If you would like your website link included on the MCI Website, please complete the following and sign below:

Name: _____

Website address: _____

I agree to keep an active link back to the MCI Website on my website as long as I have my website listed in the MCI Referral Directory.

MCI Referral Member's Signature

Date _____

Submit this form and your payment to:

MCI
P.O. Box 97
Cary, IL 60013

Your payment of the annual fee and this form must be completed, signed, and received by MCI and the MCI link back posted on your website and verified before your website will be posted on the MCI website.

E-mail any questions to: mci.adminasst@gmail.com

For Office Use: Date rec'd _____ Amt _____ Check # _____ Rec'd by _____ Bd Act _____ Date _____ Notif _____