

Application Process for Mediator Wheel Appointments

Applications are accepted twice per year - July 1 - July 14 and December 1 - December 31.

Please submit this application, proof of completed training, and a résumé to kalvarado@co.collin.tx.us

INCOMPLETE APPLICATIONS OR ATTORNEYS WHO DO NOT MEET THE CRITERIA WILL NOT BE CONSIDERED.

If your application materials are approved by the district judges, you will be added to the mediator appointment list.

**COLLIN COUNTY DISTRICT COURTS
APPLICATION FOR MEDIATOR APPOINTMENT LIST**

Name: _____

E-mail address: _____

Phone number: _____

Mailing address: _____

Rate information: _____

I am fluent and mediate in these foreign languages: _____

I certify that:

I am a licensed attorney eligible to practice in Texas, bar #: _____

My primary office is in Collin County, I live in Collin County, or 80% of my practice is in Collin County.

I want to be appointed to mediate the following types of cases:

_____ Family _____ CPS _____ Civil

At least 25% of my law practice is devoted to each of the practice areas checked above.

I have previously served as a mediator in at least 5 cases of each type checked above. (If this box is not checked, please attach a letter describing your mediator experience.)

I have completed a mediator training course with at least 40 classroom hours of training in dispute resolution techniques.

Date: _____

Institution/organization: _____

I have thoroughly read Tex. Civ. Prac. & Rem. Code Chapter 154, I understand my duties, and I meet all of the qualifications.

I will follow the Ethical Guidelines for Mediators approved by the Texas Supreme Court.

For Family Law Mediations:

- I have completed a mediator training course for disputes relating to the parent-child relationship with an additional 24 hours of training in the fields of family dynamics, child development, and family law. Date: _____
Institution/organization: _____
- I have completed at least 4 hours of family violence dynamics training developed by a statewide family violence advocacy organization. Date: _____
Institution/organization: _____
- I have thoroughly read Tex. Fam. Code §§ 6.602 and 153.0071.

For CPS Mediations: [you must also complete the application for CPS appointments]

- I have completed a 20-hour training course specific to mediating child protective services cases. Date: _____
Institution/organization: _____

DECLARATION

My name is _____, my date of birth is _____,
and my address is _____.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Collin County, State of Texas, on this date: _____

Declarant signature

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