

Application for Inclusion on the List of Court Annexed Mediation Program Mediators
(Please note that all persons desiring to be included on the List after September 1, 2009, including those previously listed, must submit this application annually.)

The undersigned does hereby make application for inclusion on the List of Court Annexed Mediation Program Mediators ("List"), and certifies as follows:

1. I am a member in good standing of The Mississippi Bar,
2. As of the date of this application, I have completed a minimum of fourteen hours of mediation training in a program approved by the Court Annexed Mediation Committee or by the Commission on Continuing Legal Education,
3. (Check one)
 - a. _____ I am applying for inclusion on the List for the first time and I have taken an initial course of at least 14 hours of mediation related training, approved by the Court Annexed Mediation Committee or the Commission on Continuing Legal Education; and understand that in order to remain on the List, I must complete at least six (6) hours of mediation related continuing education in a program approved by the Court Annexed Mediation Committee or by the Commission on Continuing Legal Education during every two (2) year period following my initial inclusion on the List.
 - b. _____ I am applying for the first annual renewal of my inclusion on the List and have included my \$50 list maintenance fee with this application. I understand that in order to remain on the List, I must complete at least six (6) hours of mediation related continuing education in a program approved by the Court Annexed Mediation Committee or by the Commission on Continuing Legal Education during every two (2) year period following my initial inclusion on the List.
 - c. _____ I have been on the List for at least the previous two (2) years and have included my \$50 list maintenance fee with this application. I have completed at least six (6) hours of mediation related continuing education in a program approved by the Court Annexed Mediation Committee or by the Commission on Continuing Legal Education during every two (2) year period following my initial inclusion on the List. My most recent 6 hours of training was as follows (*a copy of your certificate must be attached*):

Name of CLE Provider

Date Completed

4. I understand that in order to remain on the List, I must complete at least six (6) hours of mediation related continuing education in a program approved by the Court Annexed Mediation Committee or by the Commission on Continuing Legal Education during every two (2) year period following my inclusion on the List.
5. I am familiar with and will adhere to the Court Annexed Mediation Rules of Civil Litigation,
6. I am available to undertake the following types of mediations:
 - a. All _____
 - b. Domestic _____
 - c. Commercial _____
 - d. Personal Injury _____
 - e. Appellate _____
 - f. Other _____
7. Enclosed is my check in the amount of \$50 made payable to The Mississippi Bar to cover the list maintenance fee (payable annually).

So certified this the _____ day of _____, 20 ____ .

Signature

MS Bar Number

Name: _____

Firm/Company: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

E-mail: _____