

District of Nebraska Court Approved Mediator Application

Email your completed application and fee schedule to: mediation@ned.uscourts.gov

Applicant Information

Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Unit #

City State ZIP Code

Phone: _____ Email: _____

License(s) to Practice Law: _____

Are you associated with a mediation center? YES NO If yes, specify: _____

Experience and Training

Are you in good standing in this court? YES NO

Have you been admitted to practice law in any state for at least five years? YES NO

Have you represented a client in at least five federal court cases, at least one of which has culminated in a trial that proceeded to verdict or judgment? YES NO

If yes, how many cases: _____

If yes, how many trials: _____

Are you in good standing in Nebraska state courts? YES NO

Have you mediated cases? YES NO

If yes, how many cases: _____

Have you represented a client in at least five trials to verdict or judgment in state court? YES NO

If yes, how many cases: _____

Have you completed not fewer than 24 hours of specialized training in mediating cases in federal court, and satisfactorily completed such additional supplemental training as may be required by the court or have other comparable mediation experience? If yes, specify below. YES NO

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|----------|--|--------|--|
| Course: | | Date: | |
| Sponsor: | | Hours: | |
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| Course: | | Date: | |
| Sponsor: | | Hours: | |

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| Sponsor: | | Hours: | |

Specify substantive legal area(s) of experience:

- Antitrust
 Bankruptcy
 Civil Rights
 Construction
 Contracts
 Employment
 ERISA
 FLSA
 Insurance
 Intellectual Property
 Labor
 Personal Injury
 Real Property
 Securities

Other (please describe): _____

Signature

I, _____, swear, affirm, or acknowledge that I meet the qualifications required by the Mediation Plan for the United States District Court for the District of Nebraska, and that I will promptly, faithfully and impartially discharge the duties of mediator in accordance with the Mediation Plan for the United States District Court for the District of Nebraska, applicable laws of the State of Nebraska, and the rules and orders of this court.

In addition, I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____