

# District of Nebraska Court Approved Mediator Renewal Application

Email your completed application and fee schedule to: [mediation@ned.uscourts.gov](mailto:mediation@ned.uscourts.gov)

Note: No need to send fee schedule if there have been no changes since the date of your last application.

## Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressUnit #

\_\_\_\_\_  
CityStateZIP 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: \_\_\_\_\_

Since the date of your last application, have you completed any mediation training? If yes, specify below. YES  NO

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

|          |  |        |  |
|----------|--|--------|--|
| Course:  |  | Date:  |  |
| Sponsor: |  | Hours: |  |
| Course:  |  | Date:  |  |
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| Course:  |  | Date:  |  |
| Sponsor: |  | Hours: |  |
| Course:  |  | Date:  |  |
| 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: \_\_\_\_\_