

**Eleventh Judicial Circuit of Florida
Application for
COURT APPOINTED MEDIATOR**

PERSONAL INFORMATION:

Name: _____

Florida Bar No. (If applicable): _____

Business Address: _____ Zip Code: _____

Telephone No.: _____ Telecopy No.: _____

Certification: _____

I am a certified mediator in Florida in the following areas, and I therefore request that my name be added to the rotating list of certified mediators for appointment in the following areas:

_____ CIVIL _____ FAMILY _____ BOTH

THERE IS NO GUARANTEE OF PAYMENT ON ANY OF THE CASES INVOLVING A COURT APPOINTMENT.

You should not accept an appointment from the court unless you have the proper background and expertise to handle a matter.

Signature

Date

Please return Application to:

Mediation/Arbitration Division
Dade County Courthouse, Room 1700
73 West Flagler Street
Miami, Florida 33130
Tel. No. (305) 349-7328
Fax No. (305) 349-7342