**Pilot PBA Pro Bono Mediation Project Attorney Registration Form**

Please return this Registration Form, if you are

### A PBA ADR Committee member,

### An attorney,

### A qualified mediator \* (see below), and

### Willing to provide one free two-hour mediation as part of your annual pro bono service.

### Please check either or both boxes

###        Yes, I ‘m willing to provide one free two-hour mediation as part of my annual pro bono service.



       Yes, I’m trained as a **Family Law Mediator** and I am willing to provide one free two-hour family law mediation as part of my annual pro bono service.  (We anticipate custody and family law issues to be our **area of greatest need**.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other cities in which you have an office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney Id Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foreign Languages Spoken (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Malpractice Insurance Is Required For All Participants** (Minimum of $100,000)

Insurance Carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Coverage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(You may substitute a copy of the Declarations Page of your insurance policy which includes this information.)

 (Please continue on next page)

**\* To be a Qualified Mediator**, I certify that I

1. Completed mediation **training consisting of a minimum of 22 substantive hours** of content (dispute resolution information, theory, philosophy, and models), skill building and role play and that the training included feedback to the participants as to their skill level and understanding and commitment to the process and the following content:  Information gathering, Relationship and interaction skills, Communication skills, Problem solving, Decision making, Agreement formalization, Ethics, Values, and Professional information.

 Please list your 22 hours of mediation training:

Date             Course Title      Provider     Hours

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 TOTAL HOURS: \_\_\_\_\_\_\_\_

1. Participated as a mediator, co-mediator with, or be supervised by a mediator acting as a mentor for **a minimum of six cases** (totaling a minimum of twelve hours).

I certify that the information in this Application is true and correct, and that all information provided by me to the PBA may be relied upon by the PBA in determining my eligibility to serve on the Panel. I certify that I am in active legal practice, have professional liability insurance, and am not currently the subject of formal disciplinary action.

Signature:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed forms to:

Sandy Ballard, Esquire

Public Services Coordinator

Dauphin County Bar Association

213 North Front Street Harrisburg, PA 17101

Fax: 234-4582

sandy@dcba-pa.org