

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

I agree to serve as a mediator/neutral evaluator under the terms of the District Court's General Order entered July 9, 2003, and that if I have not completed prior mediation training, to successfully complete upon request any training program (3 hours maximum) established by the District Court.

1. I would prefer to mediate cases that deal with the following substantive areas of the law:

2. I am certified as a mediator by the State of Indiana:

Yes _____ (if yes, skip No. 3) No _____ (if no, respond to No. 3)

3. I am not certified as a mediator by the State of Indiana but request that the court grant me authority to serve as a mediator in the court's program.

Yes _____ No _____

Date _____

Signature

Name (type or print)

Address

City/State/Zip

E-Mail Address

Telephone Number

Please return completed form to:

Clerk, U.S. District Court
102 Robert A. Grant Federal Building
204 South Main Street
South Bend, Indiana 46601