

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA
Mediator Registration Form

(Please check boxes as they apply)

- I agree to serve as a mediator under Local Rule 16-6.
- I would prefer to mediate cases that deal with the following substantive areas of the law:

- I am certified as a mediator by the State of Indiana.
- or-*
- 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.

Date: _____

Signature

Name (type or print)

Bar Number

Firm Name

Street Address

City/State/Zip

E-mail Address

Telephone Number

Please return completed form by email to: attorney_maintenance@innd.uscourts.gov
If preferred, you may also mail completed form to:

U.S. District Court
Attn.: Attorney Maintenance
102 Robert A. Grant Building
204 S. Main Street
South Bend, IN 46601