

**APPLICATION FOR MEDIATORS**

**ESSENTIAL INFORMATION FOR APPLICANTS**

BE CERTAIN THAT THIS APPLICATION IS COMPLETELY EXECUTED AND THAT ALL QUESTIONS ARE ANSWERED.

A PERSON APPOINTED BY THE DIVISION SHALL BE A QUALIFIED MEDIATOR FROM A LIST OF CIRCUIT COURT MEDIATORS IN EACH JUDICIAL CIRCUIT WHO HAS MET TRAINING AND EDUCATIONAL REQUIREMENTS ESTABLISHED BY THE SUPREME COURT. IF SUCH MEDIATORS ARE NOT AVAILABLE, THE DIVISION MAY SELECT A MEDIATOR FROM THE LIST MAINTAINED BY THE FLORIDA CONFLICT RESOLUTION CONSORTIUM.

NO MEDIATION FEES WILL BE PAID BY THE DIVISION. MEDIATORS ARE RESPONSIBLE FOR COLLECTION OF MEDIATION FEES FROM THE PARTICIPATING PARTIES. (MEDIATION FEES ARE BASED ON TIME UTILIZED FOR SCHEDULING AND MEDIATION CONFERENCES. OTHER ITEMS, SUCH AS TRAVEL, ARE NOT INCLUDED.)

A MEDIATOR APPOINTED BY THE DIVISION OR SELECTED BY THE PARTIES SHALL COMPLY WITH THE RULES ADOPTED BY THE DIVISION AS PROVIDED BY SECTION 723.038(3), FLORIDA STATUTES.

PURSUANT TO SECTION 723.038(3), FLORIDA STATUTES, THE MEDIATOR SHALL NOTIFY THE DIVISION IN WRITING WITHIN 10 DAYS AFTER THE CONCLUSION OF THE MEDIATION THAT THE MEDIATION HAS BEEN CONCLUDED.

SEND THIS APPLICATION TO:

DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION  
DIVISION OF FLORIDA CONDOMINIUMS,  
TIMESHARES, AND MOBILE HOMES  
1940 NORTH MONROE STREET  
TALLAHASSEE, FLORIDA 32399-1031

OR

FAX THIS APPLICATION TO:

(850) 487-0870

**APPLICATION FOR MEDIATORS**

**FOR STAFF USE ONLY**

Date Received _____	Mediator Number _____
Review Date _____	Qualified _____
Reviewed By _____	Disqualified _____
Circuit(s) _____	FRC _____

**PLEASE PRINT OR TYPE**

1. Legal Name of Applicant: \_\_\_\_\_  
Last First Middle

2. Mailing Address: \_\_\_\_\_  
Number and Street or Post Office Box

3. Telephone Number: \_\_\_\_\_  
City State Zip County  
( ) -  
Area Code Number

4. Fax Number (optional): \_\_\_\_\_  
( ) -  
Area Code Number

5. E-mail Address (optional): \_\_\_\_\_

6. Have you met the training and educational requirements of the Supreme Court as a circuit court mediator? Yes\_\_ No\_\_

7. If you answered yes to question number 6, please list all circuits in which you are willing to conduct mediation proceedings.  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you presently on the mediator list maintained by the Florida Conflict Resolution Consortium? Yes\_\_ No\_\_

9. Is the information contained herein true and correct as of the date hereof and, to the best of your knowledge, are all material facts present? Yes\_\_ No\_\_

I understand and agree that the Division will not be responsible for payment of any mediation fees. I also agree to notify the Division in writing within 10 days after the conclusion of the mediation that the mediation has been concluded as required by Section 723.038(3), Florida Statutes.

I agree to notify the Division if I become ineligible to conduct mediation proceedings.

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date