

**APPLICATION FOR MEDIATOR TO BE
INCLUDED ON APPOINTMENT LIST**

AFFIDAVIT OF MEDIATOR RESIDING OR MEDIATING
WITHIN GALVESTON COUNTY, TEXAS

STATE OF TEXAS §
COUNTY OF GALVESTON §

I, _____, (PRINTED NAME) do hereby file this affidavit in compliance with the guidelines of Galveston County Plan and Standing Rules for Appointment as Mediator in Galveston County, Texas and do solemnly swear or affirm that the information below is true and correct. Should any change in this information occur, I understand that I must, within 30 days of such change, file an Amended Affidavit of Mediator Residing or Mediating Within Galveston County, Texas with the Court Administration Office of Galveston County.

I have checked below all applicable provisions and have completed the requested information below with full, complete, and true answers.

NAME: _____

LOCAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

I understand that, as a result of my application, my name WILL BE CONSIDERED FOR INCLUSION on the list of mediators eligible for court appointments in Galveston County, Texas, and I state, under oath or affirmation, that I am willing, competent, and meet the listed qualifications to handle mediations of the following matters: **(CHECK ALL THAT APPLY)**

_____ LOCAL OFFICE—I have either a residence or office in Galveston County or mediate Galveston County cases regularly.

_____ QUALIFICATIONS –I have completed a minimum of forty (40) classroom hours of training in dispute resolution techniques in a course conducted by an alternative dispute resolution system or other dispute resolution organization.

_____ ADDITIONAL FAMILY QUALIFICATIONS—In addition to the foregoing qualifications, I have completed twenty-four (24) hours of training in the fields of family dynamics, child development, and family law.

_____ MEMBER OF MEDIATION ASSOCIATION OF GALVESTON COUNTY—I am a member in good standing in the Mediation Association of Galveston County, OR

_____ CONTINUING EDUCATION—I have completed three (3) hours within the last twelve months in continuing education in the area of Alternative Dispute Resolution/Mediation.

ALL MEDIATIONS SHALL BE CONDUCTED IN GALVESTON COUNTY, TEXAS

I certify, under oath, that I will abide by guidelines of Galveston County Plan and Standing Rules for Appointment as Mediator in Galveston County, Texas .

I certify, under oath, that I shall conduct all mediations WITHIN GALVESTON COUNTY, TEXAS, for which I am appointed and submitting a claim for payment from Galveston County.

ANNUAL CERTIFICATION

I understand that I must file an Annual Certification of Mediator with the Court Administration Office of Galveston County on the form designated by the Mediation Board of Galveston County and the Court Administration Office of Galveston County.

I understand that I have a continuing duty to file an Amended Affidavit within 30 days of the date any of the above information changes.

I understand that I must be a member in good standing in the Mediation Association of Galveston County, OR have completed three (3) hours each year in continuing education in the area of Alternative Dispute Resolution/Mediation.

I hereby, after being sworn upon oath, depose, state, and certify that the above information is true and correct.

Witness my signature on this the _____ day of _____,
20_____.

AFFIANT (Signature)

AFFIANT (Printed Name)

Subscribed and Sworn to before me this the _____ day of _____,
20_____.

NOTARY PUBLIC IN AND FOR TEXAS

Printed Name of Notary Public

Application should be submitted to Galveston County Court Administration, aka Galveston County Justice Administration, 600 59th Street, Suite 4209, Galveston, Texas 77551.