

FOR OFFICE USE ONLY:

DATE POSTMARKED:

CHECK(S)# & AMT:

REG NO:

REG. DATE:

CRIMINAL CHECK:

RENEWAL DATE:

GEORGIA OFFICE OF DISPUTE RESOLUTION

REINSTATEMENT APPLICATION

Your registration as a neutral has expired. Your eligibility to serve in a court-connected ADR program depends upon your reinstated registration. Please return your completed reinstatement application, along with the required training certificates and the appropriate fee, to the address listed on the last page. If you have any questions regarding reinstatement procedures, contact the Georgia Office of Dispute Resolution at 404-463-3788 or gaodr@godr.org.

The Georgia Office of Dispute Resolution provides a public listing of the name, county, registration number, registration categories and next renewal date for all registered neutrals on our website at **www.godr.org**. If you want additional contact information to be available on the public listing, you may choose to include it by checking available fields in question 13 below. Whether or not you give permission to post any optional information on the website listing of neutrals, the Georgia Office of Dispute Resolution furnishes names, addresses, telephone numbers, registration/expertise/language fluency information to the public upon request.

GENERAL INFORMATION *=Required field

1. Title: _____ 2. *Name: _____ 3. Suffix: _____
(e.g. Mr., Ms.) (first name middle initial last name) (e.g. Jr., III)

4. *SSN (last 4 numbers only) XXX-XX- _____ 5. *Date of Birth _____
(mm/dd/yyyy)

6. Company: _____ (if mailing address is not your home)

*Mailing Address: _____
(Street Name and Number)

_____ (Suite or floor number)

_____/_____/_____ (City) (State) (Zip + 4)

7. *County: _____

8. *Contact Telephone Number 1: _____

Contact Telephone Number 2: _____

9. Fax Number: _____

10. *E-mail: _____

Note: Questions 11 and 12 help the Georgia Office of Dispute Resolution compile statistics for court-connected ADR programs throughout the state. Completion of these questions is voluntary, but strongly encouraged. Thank you for your help.

11. Gender: ___M ___F

12. Race/Ethnicity: (Select One)

___ Native American/Alaskan Native ___ Asian/Pacific Islander/Asian-American ___ Hispanic

___ Black / African-American/Non-Hispanic ___ White/Caucasian/Non-Hispanic ___ Other

13. **Please indicate which optional fields you wish to make available in the public database.**

Mailing address Contact Telephone Number 1 Fax Number
 E-mail address Contact Telephone Number 2

REGISTRATION INFORMATION

14. Check the categories in which you were originally registered and for which you are requesting reinstatement.

General Mediation Domestic Relations Mediation Specialized Domestic Violence Mediation
 Arbitration Case/Early Neutral Evaluation

You will be reinstated only in those categories for which you provide proof of required training and observations/co-mediations.

15. Check the additional categories, if any, that you want to add to your registration.

General Mediation Domestic Relations Mediation Specialized Domestic Violence Mediation
 Arbitration Case/Early Neutral Evaluation

You must furnish proof of required training and observations/co-mediations to add a category.

16. What is the highest degree you have attained to date?

High School Some College Associate's Bachelor's
 Master's Law PhD/MD Other

17. What would you identify as your primary occupational field?

Neutral Medical Legal Business Educator Social Services
 Administrative Ministerial / Religious Other

18. What is your current status in your primary occupational field?:

Student Full-time Part-time Retired Unemployed

19. Are you an attorney? Yes If yes, what is your bar number: _____
(State, #. Please include information for multiple states.)

20. Are you a licensed therapist? Yes

21. Are you a minister? Yes

22. How do you use your neutral registration?

Work full-time as a neutral Work part-time as a neutral Other

BACKGROUND INFORMATION

For the following questions, you must report any information that has not been previously provided to GODR on your initial application or previous renewals. You do not need to check “yes” for any previously reported incidents.

23. Have you been convicted of, pleaded guilty or nolo contendere to a violation of the law? This **includes** DUI offenses but **excludes** traffic violations **unless** they resulted in suspension or revocation of a driver’s license. *You must also report any such pending actions.*

_____ No _____ Yes [If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the offense(s) which led to each conviction or plea; (2) information concerning the length of time which has elapsed since each conviction or plea; (3) your age at the time of each conviction or plea; and, (4) evidence of rehabilitation since each conviction or plea.]

24. Have you been disciplined by any professional organization? *You must also report any such pending actions.*

_____ No _____ Yes [If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the incident(s) which led to the professional discipline; (2) information concerning the length of time which has elapsed since the professional discipline; (3) your age at the time of the professional discipline; and, (4) evidence of rehabilitation since the professional discipline.]

25. Have your professional privileges been curtailed at any time? *You must also report any such pending actions.*

_____ No _____ Yes [If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the incident(s) which led to the curtailment of privileges; (2) information concerning the length of time which has elapsed since the curtailment of privileges; (3) your age at the time of the time of curtailment of privileges; and, (4) evidence of rehabilitation since the curtailment of privileges.]

26. Have you relinquished a professional privilege or license while under investigation? *You must also report any such pending actions.*

_____ No _____ Yes [If yes, you must provide the following detail on a separate sheet of paper: (1) information concerning the background of the incident(s) which led to the relinquishment of privileges; (2) information concerning the length of time which has elapsed since the relinquishment of privileges; (3) your age at the time of the time of the relinquishment of privileges; and, (4) evidence of rehabilitation since the relinquishment of privileges.]

EXPERIENCE

In each category listed below, please indicate the approximate number of **court-connected** cases in which you have served in the past two years.

Type of Neutral and type of case	Number of cases
Mediator	XXXXXXXXXXXXXX
Superior Court -- Domestic	
Superior Court – Domestic w/ allegations of domestic violence	
Superior Court – General Civil	
Juvenile Court – Status Offenses	
Juvenile Court – Delinquency	
Juvenile Court – Deprivation	
State Court	
Probate Court	
Magistrate Court - Civil	
Magistrate Court - Criminal	
Magistrate Court – Landlord Tenant	
Other Court	
Arbitrator	
Case and/or Early Neutral Evaluator	XXXXXXXXXXXXXX
General Civil	
Domestic	

In each category listed below, please indicate the approximate number of **privately referred** cases in which you have served in the past two years.

Type of Neutral and type of case	Number of Cases
Mediator	XXXXXXXXXXXXXX
Non-domestic matter	
Domestic matter	
Arbitrator	
Case/Early Neutral Evaluator	XXXXXXXXXXXXXX
Non-domestic matter	
Domestic matter	

CONTINUING EDUCATION

To be reinstated, you are required to take eight hours of appropriate CE, acquired within the two-year period prior to your application for reinstatement. For your CE to be credited, there must be a nexus between the CE and enhancement of your skill, substantive knowledge and/or professionalism as a neutral. A CE "hour" is sixty minutes of instruction. It does not include registration, breaks, lunch, etc. You are on the honor system to accurately report your hours of CE. *Please be aware that we will audit CE from time to time, and that by signing this reinstatement application you are agreeing to participate fully in any such audit.* **Please send all documentation when submitting your application.**

27. Please list the continuing education you have taken in the preceding two years:

Sponsor/Trainer	Name of Program	Location	Year	# of CE hours attended

Total CE Hours Required 8
Total CE Hours you attended

TRAINING

28. If you have completed mediation training for juvenile court matters, deprivation cases, and/or advanced domestic violence, please provide the following information:

- a. Juvenile Mediation Training
 - Date (mm/dd/yy) _____
 - Location _____
 - Trainer _____
 - Hours _____

- b. Deprivation Mediation Training
 - Date (mm/dd/yy) _____
 - Location _____
 - Trainer _____
 - Hours _____

- c. Advanced Domestic Violence Training
 - Date (mm/dd/yy) _____
 - Location _____
 - Trainer _____
 - Hours _____

- c. Probate Training
 - Date (mm/dd/yy) _____
 - Location _____
 - Trainer _____
 - Hours _____

d. Victim-Offender Training

Date (mm/dd/yy) _____
Location _____
Trainer _____
Hours _____

e. General Violence Training

Date (mm/dd/yy) _____
Location _____
Trainer _____
Hours _____

29. Occasionally we are asked for a list of neutrals who have substantive expertise in a given subject. Please check below any areas of expertise.

- | | |
|--|---|
| <input type="checkbox"/> Banking and Finance | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Intellectual Property |
| <input type="checkbox"/> Community | <input type="checkbox"/> Juvenile |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Labor |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Probate |
| <input type="checkbox"/> Discrimination | <input type="checkbox"/> Professional Liability/Malpractice |
| <input type="checkbox"/> Education | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Employment Law | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Family | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Government | <input type="checkbox"/> Zoning/Land Use |
| <input type="checkbox"/> Health Care | |

30. What language(s), other than English, do you speak fluently? _____

FEES

The nonrefundable reinstatement fee is \$250.

Please reference your name and **REGISTRATION NUMBER** on the check/money order.

There will be a \$30 charge for returned checks.

SIGNATURE and CERTIFICATION

I certify that the information supplied on this application is truthful, and correct to the best of my knowledge, and that I will notify the Georgia Office of Dispute Resolution of any change in contact information. I understand that all information herein is subject to verification.

I further certify that:

- **I give my permission to the Georgia Office of Dispute Resolution to perform a Georgia criminal background check with law enforcement authorities, and I understand that the result of such an investigation will be used solely in considering my eligibility for registration/renewal of registration.**
- I understand GODR will audit continuing education hours from time to time. By signing this renewal application, I am agreeing to participate fully in any such audit.
- I have read Georgia Supreme Court Alternative Dispute Resolution Rules, Appendix C, Ethical Standards and Ethics Procedures, and I acknowledge that my work as a neutral in court-connected ADR cases is subject to those provisions. Appendix C is available online at www.godr.org.

Signature of Applicant

Date

Return completed renewal application and fees to:



GEORGIA OFFICE OF DISPUTE RESOLUTION
 NEUTRAL REGISTRATION
 244 WASHINGTON ST. S.W., SUITE 300
 ATLANTA, GA 30334-5900

PHONE: 404-463-3788 FAX: 404-463-3790 E-MAIL: gaodr@godr.org WEBSITE: www.godr.org

(Please reference your name on the check/money order ♦ There will be a \$30 charge for returned checks.)