

**Superior Court of California
County of Ventura**

Request to Become a "Party Pay" Mediator

Name _____ E-Mail Address _____

Address _____

I have been a Court Approved Civil Mediator since _____.

I have conducted _____ mediations and request to be placed on the pay party mediator panel.

Please update the following information:

Mediation Experience:

Organization/Agency/Prof. Practice Location	Number & Type of Cases	Number of Hours	Dates
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Agencies Or Organizations For Whom You Are An Approved Mediator:

My signature below certifies that I have made full disclosure of all information requested in this mediator information form.

Signature _____

Date _____