



SUPREME COURT OF NEVADA
ADMINISTRATIVE OFFICE OF THE COURTS
 201 SOUTH CARSON STREET STE. 250, CARSON CITY NV 89701-4702
 TELEPHONE (775) 684-1700 EMAIL: FMPMEDIATOR@NVCOURTS.NV.GOV

APPLICATION
FORECLOSURE MEDIATION PROGRAM MEDIATOR

INSTRUCTIONS

FORECLOSURE MEDIATION PROGRAM MEDIATOR APPLICATION

1. This application is to be submitted to the Human Resources Unit at the Supreme Court of the State of Nevada. The application must be mailed, scanned and emailed, or delivered to the Administrative Office of the Courts at 201 South Carson Street, Ste. 250, Carson City, NV 89701-4702. Email to: fmpmediator@nvcourts.nv.gov.
2. Application for appointment as a FMP mediator must be made using this form. You may use additional sheets if needed.
3. Please type or print all information requested. Scanned copies of the application with signature will be accepted. Digital signatures will be accepted. No facsimile copies of this application will be accepted.
4. Please direct any questions regarding the application to the Supreme Court Administrative Office of the Court.
5. The information contained herein will be kept confidential.

PERSONAL INFORMATION

CONTACT INFORMATION

Name (First, Middle, Last)			Home Telephone
Business Address			Business Telephone
City	State	Zip	Telefax
Home Address			Cellular Telephone
City	State	Zip	E-Mail Address

GEOGRAPHIC SERVICE AREA

(Please select all counties you are available to service.)

Carson City			Lander County	
Churchill County			Lincoln County	
Clark County			Lyon County	
Douglas County			Mineral County	
Elko County			Nye County	
Esmeralda County			Pershing County	
Eureka County			Story County	
Humboldt County			Washoe County	
White Pine County			All Counties	

BAR LICENSES

Nevada Bar Date of Admission _____	Active	Inactive	Other (specify)
Other Bar Date of Admission _____	Active	Inactive	Other (specify)
Other Bar Date of Admission _____	Active	Inactive	Other (specify)

OTHER PROFESSIONAL OR OCCUPATIONAL LICENSES

Name of Entity Issuing License	Date License Issued	Status of License

AFFILIATION WITH MEDIATION ORGANIZATION OR SERVICE

Name of Service	Address of Service		
Telephone Number	City	State	Zip
Length of Membership	Position Held		

MEDIATION QUESTIONS

Are you a full-time mediator?	Yes	No
When did you first begin serving as a mediator?		
Approximately how many cases have you mediated?		

EDUCATION AND TRAINING

College, University or Professional School (List all undergraduate and graduate work)		Dates Attended		Number of Credits		Degree Received	Major
Name of Institution	Location	From	To	Qtr.	Sem.	(AA, BS, etc.)	
Business, Correspondence, Trade, Technical or Vocational School		Dates Attended		Full Time	Part Time	Date Certif. Received	Title of Program or Subjects Taken
Name of Institution	Location	From	To	Y/N	Hrs/Wk		

MEDIATION TRAINING

Training Classes Attended/Course Title and Location	Dates of Attendance		Number of Hours	Completion Validation/ Certificate: Yes ____ No ____
	From	To		
Provider Name and Address				
Training Classes Attended/Course Title and Location	Dates of Attendance		Number of Hours	Completion Validation/ Certificate: Yes ____ No ____
	From	To		
Provider Name and Address				
Training Classes Attended/Course Title and Location	Dates of Attendance		Number of Hours	Completion Validation/ Certificate: Yes ____ No ____
	From	To		
Provider Name and Address				

EMPLOYMENT HISTORY

(Beginning with you current or most recent employers, including self-employment experience, list your work record for the past 10 years. Attach additional sheets as necessary.)

Name of Employer		Telephone Number
Address		
Major Areas of Specialization or Subject Matter Expertise		
Any Other Significant Experience That You Think Qualifies You to Serve as a FMP Mediator		
Dates of Employment	Reason for Leaving	
Name of Employer		Telephone Number
Address		
Major Areas of Specialization or Subject Matter Expertise		
Any Other Significant Experience That You Think Qualifies You to Serve as a FMP Mediator		
Dates of Employment	Reason for Leaving	
Name of Employer		Telephone Number
Address		
Major Areas of Specialization or Subject Matter Expertise		
Any Other Significant Experience That You Think Qualifies You to Serve as a FMP Mediator		
Dates of Employment	Reason for Leaving	

BACKGROUND INFORMATION

<p>1. Are you now or have you ever been named as a defendant in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer "Yes" you must attach to this application:</p> <p>(a) A written statement summarizing the details of each incident,</p> <p>(b) A copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and</p> <p>(c) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<p>Yes No</p>
<p>2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?</p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action.</p> <p>"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer "Yes" you must attach to this application:</p> <p>(a) A written statement identifying the type of license and explaining the circumstances of each incident,</p> <p>(b) A copy of the Notice of Hearing or other document that states the charges and allegations, and</p> <p>(c) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	<p>Yes No</p>
<p>3. Have you ever been convicted of, or are you currently charged with any violation of the law other than moving traffic violations?</p> <p>If you answer "Yes" you must attach to this application:</p> <p>(a) A written statement explaining the circumstances of each incident,</p> <p>(b) A copy of the charging document, and</p> <p>(c) A copy of the filed order that demonstrates the resolution of the charges.</p>	<p>Yes No</p>
<p>4. Have you ever received a public or private reprimand or letter of caution, or been denied admission, suspended or disbarred from the practice of law in Nevada or any other state?</p> <p>If you answer "Yes" you must attach to this application:</p> <p>(a) A written statement explaining the circumstances of each incident,</p> <p>(b) A copy of the charging document, and</p> <p>(c) A copy of the filed order that demonstrates the resolution of the charges.</p>	<p>Yes No</p>

PROFESSIONAL REFERENCES

(Minimum of 2 references required. Do not include Supreme Court Justices, Court of Appeal Judges, or Supreme Court personnel as your references)

Last Name	First Name	M.I.	Telephone Number
Address			
Profession			
Last Name	First Name	M.I.	Telephone Number
Address			
Profession			
Last Name	First Name	M.I.	Telephone Number
Address			
Profession			

CERTIFICATION

(Please read and sign the following certification. You have a duty to notify the Supreme Court within 30 days of any significant change in the information contained within this application.)

<p>I hereby certify under penalty of perjury that all of the information submitted in this application and any attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for removal from the approved Foreclosure Mediation Program Mediator List or denial of my appointment as a mediator and may subject me to civil or criminal penalties. Further, I grant permission to the Supreme Court of Nevada, Administrative Office of the Courts, to verify the information contained in this application with any federal, state or local government agency; any current or former employer; any public or private mediation organization or service; and the references listed above.</p>		
Original Signature of Applicant	Applicant's Name <i>(Printed or Typed)</i>	Date