



Application for New Approval - Instructions

1. This form should be submitted when newly requesting approval to become a Dispute Resolution Provider in the following categories
 - Mediation:
 - Core
 - Domestic
 - Parent Adolescent
 - Civil
 - Juvenile
 - Mentor
 - Domestic Conciliation
 - Parenting Coordination
 - Case Management
 2. Approval is governed by [Supreme Court Rule 911](#). A **new application** is required when requesting approval in any of the above categories even if you are approved in another category.
 3. Approval is granted on an annual basis. A renewal will need to be completed each new calendar year to remain active. Do not use this form for a renewal request.
 4. **The application must be accompanied by a nonrefundable \$50.00 application fee.** Checks should be made out to the Kansas Office of Judicial Administration. The fee is waived if the applicant is providing services as a court employee, is employed by a state agency, or does not receive compensation for dispute resolution services.
 5. Applications must be submitted via mail to the address in the page footer below. If you qualify for a fee waiver, you may email the application to the email address below.
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Required Attachments:

- Copies of all verifying licenses or training certificates.
- Descriptions or syllabi of the training attended if not pre-approved.
- Writing sample (do not include names of the participants).
- Personal statement of the applicant's motive.
- **Two** letters of recommendation that comply with Rule 911(a)(3).
- Completed proof of **three** co-mediations for each mediation category covered by the application, unless applying for dual approval under Rule 911(c)(1)(C). This proof must include this approved [evaluation form](#) completed by your mentor mediator.
- If requesting waiver of any required qualification, a written request must be included with your application along with any supporting materials.
- Documentation of sliding scale system for assessing fees under K.S.A. 5-508.
- If applying for Mentor Mediator approval, attach a copy of the mentoring agreement you will use in your practicum.

INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW

Approved			Denied			Fee		Date of Decision	
						Enclosed – Waived			
Core	Civil	Domestic	Parent Adolescent	Juvenile Dependency	Mentor	Domestic Conciliator	Parenting Coordinator	Case Management	

Dispute Resolution Provider Application

Individual Information

Name: _____
 DRP#: _____ (Only required if previously approved in different category.)
 Address: _____
 City, State, Zip: _____
 Phone: _____ Fax#: _____
 Email: _____

Application Information

Categories in which you are requesting approval:

- | | |
|--|---|
| <input type="checkbox"/> Core Mediation | <input type="checkbox"/> Domestic Conciliation |
| <input type="checkbox"/> Civil Mediation | <input type="checkbox"/> Parenting Coordination |
| <input type="checkbox"/> Domestic Mediation | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Parent/Adolescent Mediation | |
| <input type="checkbox"/> Juvenile Dependency Mediation | |
| <input type="checkbox"/> Mentor Mediation | |

Are you requesting a waiver of the application fee? Yes No

Reason for waiver: judicial branch employee
 state agency employee
 I do not receive compensation for dispute resolution services.

Are you requesting a waiver of any substantive requirement? Yes No

If yes, attach a letter along with any supporting documentation showing the experience or training that you would like to substitute for the requirement.

Are you a licensed attorney? Yes No

Do you conduct dispute resolutions as a court employee? Yes No

Are you a court services officer? Yes No

Do you conduct dispute resolution as a non-court
State of Kansas employee? Yes No

Would you like your contact information published on www.kscourts.org for referral purposes? Yes No

Please list the judicial districts where you will offer dispute resolution services:

Do you speak any other language besides English that you can use when providing services?

Which training(s) are you using to comply with the requirements of [Supreme Court Rule 911](#)?

If you are applying to be a mediator, please describe how you have completed the practicum requirements of Supreme Court Rules [911](#) & [915](#):

If you are applying to be a domestic conciliator, parenting coordinator, or case manager, please describe how you meet the mediation requirements of [Supreme Court Rule 911\(c\)\(2\)-\(4\)](#):

If you are applying to be a mentor mediator, have you served as lead mediator for 10 mediation cases in the area in which you are seeking approval as a mentor mediator? Yes No

If you are applying to be a mentor mediator, have you completed a minimum of 40 hours of CDRE after becoming an approved mediator? Yes No

Areas of Expertise

- | | | | |
|--------------------------|------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Probate | <input type="checkbox"/> | Civil Rights |
| <input type="checkbox"/> | Limited Actions | <input type="checkbox"/> | Public Policy |
| <input type="checkbox"/> | Small Claims | <input type="checkbox"/> | Agricultural |
| <input type="checkbox"/> | Malpractice | <input type="checkbox"/> | Environmental |
| <input type="checkbox"/> | Employment | <input type="checkbox"/> | Special Education |
| <input type="checkbox"/> | Consumer | <input type="checkbox"/> | Victim/Offender |
| <input type="checkbox"/> | Personal Injury | <input type="checkbox"/> | Religious |
| <input type="checkbox"/> | Military/Veteran | <input type="checkbox"/> | Other |

History

Have you been convicted of a felony or misdemeanor? Yes No
If yes, provide dates of conviction, charges convicted of, and courts where convicted:

Has a formal mediator complaint ever been filed against you? Yes No
If so, explain:

Have you ever had a professional license suspended/terminated? Yes No

If yes, provide dates of suspension or termination, by whom, for what period, and reason for suspension or termination:

Education

School Name: _____

Address: _____

Attended: _____ to _____ Credit Hours: _____

Major: _____ Degree: _____

School Name: _____

Address: _____

Attended: _____ to _____ Credit Hours: _____

Major: _____ Degree: _____

Other areas of practice (law, social work, counseling, etc.):

Professional Licenses or Registrations

Type: _____

Conferring Entity: _____ Location: _____

Date Issued/Renewed: _____ Expiration: _____

Type: _____

Conferring Entity: _____ Location: _____

Date Issued/Renewed: _____ Expiration: _____

Mentor Mediator and Practicum Approval

If you are applying to be a mentor mediator, which types of mediation practicum will you offer?

- Core
- Civil
- Parent/Adolescent
- Juvenile Dependency
- Domestic

What type of practicum experience will you offer?

- Co-mediation
- Mediation simulations
- Combination of co-mediations and mediation simulations

❖ Under Supreme Court Rule 915(b), an approved mentor mediator must enter into a written mentoring agreement with the prospective mediator that includes all items identified in the rule. **Please attach a sample copy of the mentoring agreement you will provide with the practicum.**

Verification

I verify that all information I have supplied in applying for dispute resolution provider approval is truthful and accurate. I agree to uphold the Kansas Supreme Court Rules Relating to Dispute Resolution. I also agree to submit to periodic supervision and evaluation, and release of any information concerning my supervision or evaluation to the Director of Dispute Resolution while I am serving as an approved dispute resolution provider. In addition, I understand that to gain and maintain approval, I shall provide statistical information to the Director of Dispute Resolution on an annual basis.

Signature: _____

Date: _____

Subscribed and sworn to me before this ____ day of _____, 20__.

Notary Public

Commision Expires

Rev. 04/16/2025