



Electronic completion of this form (to save information typed on the form) requires **Adobe Acrobat Reader 7 or above**. To download a free copy of the most current version of Acrobat Reader, please visit Adobe's web site at www.adobe.com.

INSTRUCTIONS:

To move from one field to the next press the **Tab** key, or simply place your cursor in the desired field and left-click. You may also copy and paste information from your personal resume into the fields in this form. **Please do not type in ALL CAPS**. Required fields are **noted (*)**; all other fields may be completed as applicable.

Please e-mail a copy of your completed form to ForeclosureMediation@adr.org

General Profile

<p>*Name: <input type="text"/></p> <p>Company: <input type="text"/></p> <p>*Address: <input type="text"/></p> <p>*City: <input type="text"/></p> <p>*State: <input type="text"/></p> <p>*Zip Code: <input type="text"/></p> <p>Languages: <input type="text"/></p>	<p><i>(List name as you would like it to appear on your AAA panel record.)</i></p> <p>*Phone: <input type="text"/></p> <p>Fax: <input type="text"/></p> <p>Cell phone: <input type="text"/></p> <p>*Email: <input type="text"/></p> <p>Profession: <input type="text"/></p> <p><i>(List fluent [spoken and written] languages other than English.)</i></p>
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***Taxpayer Identification Number (TIN)**

Enter your payment information and TIN below. **The TIN provided must match the name given**. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN). **Payment for neutral compensation will be issued and reported to the IRS in accordance with the taxpayer name, address and TIN provided.**

If payments are to be made to **YOU**, enter your name below (as shown on your income tax return) and provide your social security number.

If payments are to be made to **YOUR COMPANY**, enter the business name below and provide the employer identification number.

Address (number, street, and apt. or suite no.)

City, State, and ZIP Code

Social Security Number : : :
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or

Employer Identification Number :
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*Qualifications

Please state briefly what most qualifies you to serve as a foreclosure mediator.

List the counties in which you are available to work:

Are you available at least 8 hours a week for foreclosure mediation?

Yes No

Are you or have you previously been employed by a mortgage lender?

Yes No

If yes, provide the name of the company (ies) and periods of employment:

Yes No

Certification as a Supreme Court of Florida certified civil mediator - Date:

Yes No

Experience or knowledge in the field of real estate and/or mortgage foreclosures or related subject matter.

Yes No

A minimum of 10 circuit civil mediations within the past two years related to the mortgage foreclosure or real estate fields, or in the alternative a minimum of 20 circuit civil mediations in the related area.

Additionally, mediators must attend a Foreclosure Mediation Training Session and execute disclosure forms including a mediator's acknowledgement.

*Have you taken Qualified Foreclosure Mediation Training in compliance with Florida Supreme Court AOSC0954? Yes No

If yes: a.) Date:

b.) Provider:

c.) Provide a copy of the Certificate of Completion

*Mediation Experience

Please provide a paragraph of information about your mediation experience or expertise that parties to foreclosure mediations would find useful. The information will be available to parties, via a web site for the foreclosure mediation program.

*I verify that all statements made in connection with this application are true and correct to the best of my knowledge and belief.

*Signature: /s/

*Date:

(Please provide your signature by typing your name in the space above.)