

# SIXTH JUDICIAL CIRCUIT APPLICATION TO PROVIDE SERVICES AS A COURT APPOINTED SMALL CLAIMS AND COUNTY COURT MEDIATOR, FAMILY MEDIATOR, AND JUVENILE DEPENDENCY MEDIATOR

Please provide the following information as a part of the application and verification process to provide service as a **Mediator**. This application must be completed in its entirety if you wish to be considered for appointment. It must be electronically submitted to the Court Counsel's Office at [SixthCircuitContracts@jud6.org](mailto:SixthCircuitContracts@jud6.org) during the period for which the list is open.

## I. Applicant Information

Name:  Certified Mediator # or Fla. Bar #:   
(as it appears on Mediator or Bar license)

Business Address:   
(Street Address)

(City) (State) (Zip Code)

Business # ()  Cell # ()  Fax # ()

E-mail Address  (MUST BE PROVIDED)

## II. Please check all of the following that apply:

- I have good moral character.
- I am a United States citizen.
- I agree to submit to a law enforcement records check and have completed and signed a Vendor Background Check Authorization Form and attached it to this Application.
- I have familiarized myself and agree to provide services in accordance with the applicable Sixth Circuit Administrative Orders and relevant law as outlined in the **INFORMATION SHEET** posted on the Sixth Circuit's website at [www.jud6.org](http://www.jud6.org).
- I agree to enter into a contract to provide **Mediator** services for the Sixth Judicial Circuit.
- I do not have any conflict of interest, including any employment or business relationship or involvement in any other situation in which regard for my private interest would tend to lead to disregard of my duties as a **Mediator**.
- I will notify the Chief Judge of any formal complaint filed against me by The Florida Bar or by the Florida Department of Health or by any licensing authority and of any non-confidential consent agreements entered into between any licensing authority and myself.
- I will immediately notify the Chief Judge if I am arrested, charged with any criminal offense, or named in any suit in any jurisdiction, or if a personal or familial involvement arises in any litigation before any court of the Sixth Judicial Circuit.
- I am currently serving as a  in the Sixth Judicial Circuit.
- Have you ever been held in contempt?  No  Yes, provide explanation for each instance.

III. **I am applying to serve as a:** (indicate the type of mediation and the geographic location(s) you wish to serve)

- Small Claims and County Court Mediator** in:  
 Pinellas County  East Pasco County  West Pasco County  All 3 locations
- Family Mediator** in:  
 Pinellas County  East Pasco County  West Pasco County  All 3 locations
- Juvenile Dependency Mediator** in:  
 Pinellas County  East Pasco County  West Pasco County  All 3 locations

IV. **Training / Qualifications:**

- I have attached a résumé which reflects my qualifications and abilities to provide services as a **Mediator** in the Sixth Circuit.
- I have satisfactorily completed and met the education, training, and certification requirements *or will do so by the beginning of the next contract period*, to serve as a **Mediator** in the Sixth Circuit in accordance with the relevant law and information as outlined in the **INFORMATION SHEET**.
- I certify that the answers given herein are true and complete. I understand that false or misleading information given in my application or résumé, or any omission of information requested will be grounds for refusal of appointment or dismissal and termination of any other contract to provide services to the Sixth Judicial Circuit.

**Signature of Applicant**

**Date**

**Email Address**

*(Your typed name & email address serves as your 'electronic signature')*

**This Completed Application, Vendor Background Check Form, and Résumé,  
Must be Submitted ELECTRONICALLY to the Court Counsel's Office at  
[SixthCircuitContracts@jud6.org](mailto:SixthCircuitContracts@jud6.org)**

[SEE the **INFORMATION SHEET** for Deadline information]

**NOTE:** If you do **not** have the ability to submit your paperwork by email and wish to mail it in, please send it to Court Counsel's Office, 501 1<sup>st</sup> Avenue N., Suite 1000, St. Petersburg, FL 33701. However, the paperwork mailed in **MUST be received in the Court Counsel's Office no later than the deadline.** Certified deliveries or facsimiles will **not** be accepted.

*If you need an accommodation to complete this form, please call (727) 582-7424.*

**<< PROCEED TO THE NEXT PAGE AND COMPLETE THE  
VENDOR BACKGROUND CHECK FORM >>**

### SIXTH JUDICIAL CIRCUIT VENDOR BACKGROUND CHECK AUTHORIZATION

**PERSONAL INFORMATION:**

Last Name	First Name	M.I.	Social Security No.	Driver License #

Home Address:   
(including County)

Business Address:

Home/Business Phone:

- Are any of your family members employed by the Sixth Judicial Circuit?  Yes  No  
If yes, please state their name(s) and how you are related.

- Are you or any of your family members now involved as a party, a witness, or through any other connection with any suit or litigation before any courts of the Sixth Judicial Circuit?  Yes  No  
If yes, explain that involvement:

- Have you ever been involved as the respondent in any injunction involving personal protection including domestic violence, dating violence, repeat violence, and sexual violence in any jurisdiction?  Yes  No  
If yes, explain:

- Have you ever been named as a parent or guardian of a child in a dependency action in any jurisdiction?  Yes  No  
If yes explain:

- Have you **EVER—at any time**, in any jurisdiction—been convicted of a crime, had adjudication of a crime withheld, pled nolo contendere (no contest) to a crime, or are you now under charges for any offense against the law? (You may omit parking violations and civil traffic infractions.)  
 Yes  No If yes, explain:

*Answering yes to any of the above questions will not necessarily disqualify you from being a vendor. The failure to disclose a required event is generally a disqualifying event in itself. Each case is considered individually. If you are unsure of how to answer any of the above, please explain. You may use additional space on the reverse of this authorization form to complete your explanations.*

**The following information is required and will be used solely for the purpose of conducting a criminal background check:**

Gender:  Male  Female      Date of Birth:

Race:

**White** (not of Hispanic origin) – includes Whites, Anglo-Saxons, Europeans and persons from Indo-European descent including Pakistani and East Indian.

**Black** (not of Hispanic origin) – includes persons of African descent as well as persons identified as Jamaican, Trinidadian, and West Indian

**Hispanic** (regardless of race) – includes Mexican-Americans, Chicanos, Latinos and all persons from Puerto Rico, Cuba, Latin-America, or of Spanish descent.

**Asian or Pacific Islander** – includes Asian-Americans and persons of Japanese, Chinese, Korean or Filipino descent.

**American Indian or Alaskan Native** – includes persons who identify themselves, or are known as such, by virtue of tribal association

Other (Specify)

**CERTIFICATION:** I certify that answers given herein are true and complete. I understand that giving false or misleading information, or the omission of any information requested in this authorization, will be grounds for refusal of vendor consideration. I understand that if offered a vendor agreement, I will be required to abide by all rules and regulations of the Administrative Office of the Courts. I agree that if I am arrested, charged with any criminal offense, or named in any suit in any jurisdiction, or if a personal or familial involvement arises in the outcome of any litigation before any court of the Sixth Judicial Circuit during my agreement as a vendor, I will immediately notify the Court Counsel’s Office of the Sixth Judicial Circuit. I grant permission to the Sixth Judicial Circuit to conduct a background check on me and to share the results of the check with other State of Florida entities as necessary to consider my application to provide services for the Court.

Signature of Vendor

*(your typed name & email address serves as your ‘electronic signature’)*

Date

**SAVE**

**Email the Application and Vendor Background Form to:** [SixthCircuitContracts@jud6.org](mailto:SixthCircuitContracts@jud6.org)