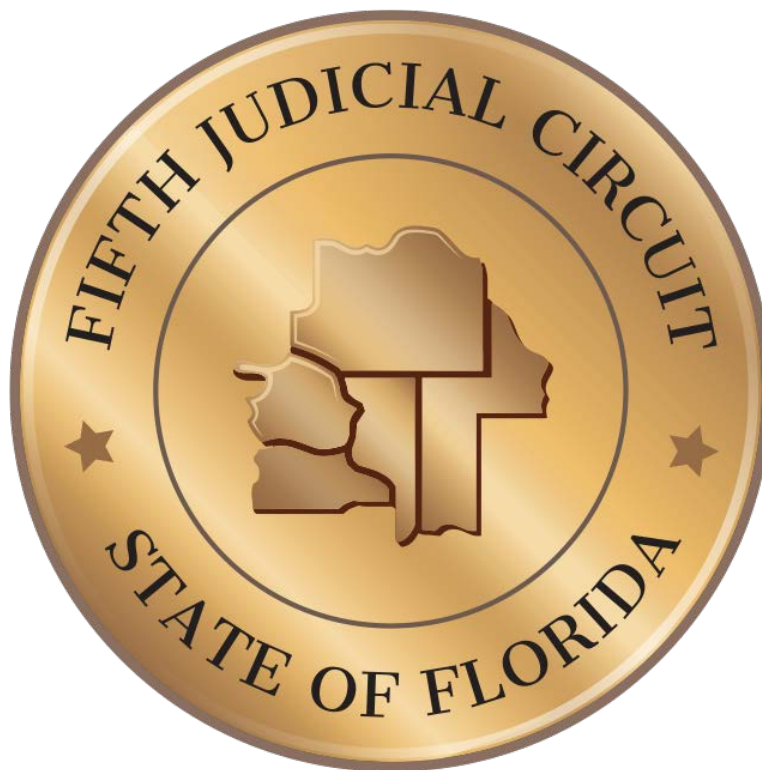
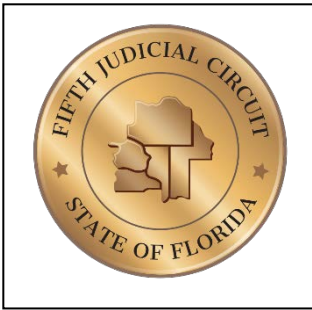


**FIFTH JUDICIAL CIRCUIT OF FLORIDA
SUPREME COURT CERTIFIED CONTRACT
MEDIATOR
APPLICATION**



FIFTH JUDICIAL CIRCUIT OF FLORIDA CONTRACT FLORIDA SUPREME COURT CERTIFIED MEDIATOR



**INSTRUCTIONS: ANSWER ALL QUESTIONS
ACCURATELY, USING DARK INK. PLEASE PRINT
CLEARLY OR TYPE.**

DATE _____

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Home) (Work) (Cellular)

EMAIL ADDRESS _____ DATE OF BIRTH _____
(Month) (Day) (Year)

OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATIONS:

FLORIDA MEDIATOR CERTIFICATION NUMBER: _____

DATE OBTAINED _____ RENEWAL DATE _____

OTHER PROFESSIONAL OR OCCUPATIONAL LICENSES OR CERTIFICATIONS:

TYPE _____



DRIVER'S LICENSE:

DRIVER'S LICENSE # _____ STATE _____
DATE ISSUED _____ EXPIRATION _____

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?

Yes _____ No _____

IF "YES", EXPLAIN _____

CRIMINAL HISTORY:

ANSWERING YES TO ANY OF THE FOLLOWING QUESTIONS WILL NOT NECESSARILY DISQUALIFY YOU FROM ENTERING INTO A CONTRACT TO MEDIATE FOR THE FIFTH CIRCUIT. EACH CASE IS CONSIDERED INDIVIDUALLY. YOU MAY USE ADDITIONAL SPACE ON THE REVERSE OF THIS APPLICATION TO COMPLETE YOUR EXPLANATIONS.

ALL CONTRACTORS MUST PASS A LEVEL TWO FINGER PRINT BASED BACKGROUND CHECK.

HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR A MISDEMEANOR INVOLVING MORAL TURPITUDE?

_____ YES _____ NO

IF YES, PLEASE LIST ANY OFFENSE FOR WHICH YOU HAVE BEEN CONVICTED, OR ANY CHARGE AGAINST YOU CURRENTLY:

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

OFFENSE _____ DATE _____

COUNTY _____ STATE _____

OFFENSE _____ DATE _____

COUNTY _____ STATE _____



DISCLOSURE OF POSSIBLE CONFLICTS:

TO THE BEST OF YOUR KNOWLEDGE 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 FIFTH JUDICIAL CIRCUIT?

____ YES ____ NO

IF YES, PLEASE EXPLAIN:

EMPLOYMENT HISTORY:

JOB HISTORY FOR THE LAST 5 YEARS, MOST CURRENT FIRST:

JOB TITLE _____

COMPANY _____ DATES EMPLOYED _____ TO _____

ADDRESS _____ PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING



JOB TITLE _____

COMPANY _____

DATES EMPLOYED ____ TO ____

ADDRESS _____

PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING

JOB TITLE _____

COMPANY _____

DATES EMPLOYED ____ TO ____

ADDRESS _____

PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING



JOB TITLE _____

COMPANY _____

DATES EMPLOYED ____ TO ____

ADDRESS _____

PHONE _____

SUPERVISOR'S NAME _____

JOB DESCRIPTION

REASON FOR LEAVING

CERTIFICATION

I _____ hereby certify to the veracity of the information
[Print Name]
contained in this application this _____ day of _____, 202__.

[Applicant Signature]

MAIL OR EMAIL APPLICATION PACKET:

STEPHANIE FIGUEROA
ADR DIRECTOR

550 W. MAIN STREET
TAVARES, FLORIDA 34601
EMAIL: SFIGUEROA@CIRCUIT5.ORG

IF YOU HAVE ANY QUESTIONS
TELEPHONE: 352-638-1994

