



## Approval of Individual Dispute Resolution Providers – Instructions

1. This form should be submitted for consideration of approval to become a dispute resolution provider pursuant to Supreme Court Rule 911.
2. Approval is granted on an annual basis. An application for renewal, with continuing dispute resolution education credits, must be completed each calendar year to remain active.
3. A **new application** is required when requesting approval in any dispute resolution category other than the one for which the applicant is already approved. If applications are submitted separately, an application fee will need to be submitted with each. However, if the applications are submitted at the same time, only one application and application fee is required.
4. The application fee is waived if the applicant provides services as a court employee or receives no compensation for providing the dispute resolution services for which approval is sought.
5. Notice of approval will be emailed to the individual.
7. Completed applications (and any attachments) should be submitted to the Director of Dispute Resolution via mail (or email only if applicant qualifies for a fee waiver) to:

**Office of Judicial Administration**  
**301 SW 10<sup>th</sup> Avenue**  
**Topeka, KS 66612-1507**  
[adr@kscourts.org](mailto:adr@kscourts.org)

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### Required Attachments:

- Copies of all verifying licenses, certificates, or training affidavits.
- A non-refundable \$50.00 application fee.
- Descriptions or syllabi of relevant training attended if not state-approved.
- Writing sample related to the category of approval being applied for (do not include the names of the participants).
- Personal statement of the applicant's motive for seeking approval.

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## **Required Attachments (continued)**

- **Two** letters of recommendation attesting to the applicant's character, temperament, experience, and requisite mental and emotional fitness to engage in the active and continuous practices of dispute resolution.
- Documentation that the applicant has satisfied the applicable requirements under Supreme Court Rule 911(c).
- Sliding scale system for assessing fees (if applicable).
- Any other documentation required pursuant to Supreme Court Rule 911.
- **If requesting mentor mediation approval**, two letters of recommendation from people who will attest to the applicant's character and capacity to serve as a mentor mediator.
- **If requesting waiver of any required qualification**, a letter including documentation of relevant experience, training, or other information supporting the requested waiver.

**INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW**

Office Use Only			
Approved	Denied	Fee	Date of Decision
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Enclosed <input type="checkbox"/> Waived	
Mediators		Other Dispute Resolution	
Core <input type="checkbox"/>	Parent Adolescent <input type="checkbox"/>	Domestic Conciliator <input type="checkbox"/>	
Civil <input type="checkbox"/>	Juvenile Dependency <input type="checkbox"/>	Parenting Coordinator <input type="checkbox"/>	
Domestic <input type="checkbox"/>	Mentor <input type="checkbox"/>	Case Manager <input type="checkbox"/>	

## Approval of Individual Dispute Resolution Providers – Application

### Part A: Individual Information (Required on all applications)

Name: \_\_\_\_\_ DRP#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email (Required): \_\_\_\_\_

### Part B: Application Information (Required on all applications)

*Categories in which you are requesting approval:*

Mediator:  Core  Civil  Parent/Adolescent  Juvenile Dependency  Domestic  Mentor Mediator

Other Dispute Resolution:  Domestic Conciliator  Parenting Coordinator  Case Manager

Are you requesting a waiver of the requirements for approval in a category?  Yes  No  
(If yes, written documentation must be provided explaining the reason for the request.)

Are you requesting a fee waiver?  Yes  No  
If yes, for what reason? \_\_\_\_\_

Do you conduct dispute resolution 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

Are you a licensed attorney?  Yes  No

Would you like your contact information published on the Judicial Branch internet site for referral purposes?  Yes  No

Which judicial districts are you willing to provide dispute resolution services?

What language(s), other than English, can you provide dispute resolution services?

*Areas of Expertise*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Probate           | <input type="checkbox"/> Limited Actions      | <input type="checkbox"/> Small Claims  |
| <input type="checkbox"/> Malpractice       | <input type="checkbox"/> Employment/Workplace | <input type="checkbox"/> Consumer      |
| <input type="checkbox"/> Personal Injury   | <input type="checkbox"/> Domestic/Custody     | <input type="checkbox"/> Civil Rights  |
| <input type="checkbox"/> Public Policy     | <input type="checkbox"/> Agricultural         | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Victim/Offender      | <input type="checkbox"/> Church        |
| <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 complaint concerning dispute resolution 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.

*Post-Secondary Education*

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Attended: \_\_\_\_\_ to \_\_\_\_\_ Credit Hours: \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

Minor or Certificate: \_\_\_\_\_

School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Attended: \_\_\_\_\_ to \_\_\_\_\_ Credit Hours: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree: \_\_\_\_\_  
Minor or Certificate: \_\_\_\_\_

*Professional Licenses or Registrations*

Type: \_\_\_\_\_  
Conferring Entity: \_\_\_\_\_ Location: \_\_\_\_\_  
Date Issued/Renewed: \_\_\_\_\_ Expiration: \_\_\_\_\_

Type: \_\_\_\_\_  
Conferring Entity: \_\_\_\_\_ Location: \_\_\_\_\_  
Date Issued/Renewed: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Part C: Verification**

*I, \_\_\_\_\_, certify that all information I have supplied in applying for dispute resolution provider approval is true and complete. 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 must provide statistical information to the Director of Dispute Resolution on an annual basis.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date