



Office of Judicial Administration

Nancy Dixon, Judicial Administrator

Dispute Resolution Provider Renewal Instructions

1. This form should be submitted for consideration of annual renewal of Dispute Resolution Provider in the following categories
 - Mediation
 - Core
 - Domestic
 - Parent Adolescent
 - Civil
 - Juvenile
 - Mentor
 - Domestic Conciliator
 - Parenting Coordinator
 - Case Management
2. A renewal application will need to be completed and submitted each new calendar year to remain active.
3. A **new application** is required when requesting approval in any of the above categories even if you are approved in another category. You may submit a new application with your renewal to be processed at the same time and only pay **one** application fee.
4. The fee is waived if the applicant is providing services as a court employee or is a volunteer for an approved program.
5. Renewals must be submitted via mail to the address below unless you qualify for a fee waiver, in that event you may email the application to the email address below.
6. The renewal application and fee must be postmarked by January 30. Renewal applications postmarked after January 30th will be \$75 (a \$25 reinstatement fee in addition to the \$50 renewal fee).

Required Attachments:

- Copies of all CDRE hours or training certificates (if not already submitted);
 - Timed agenda for unapproved hours;
- \$50.00 Application fee (an additional \$25 reinstatement fee if renewal is submitted after January 30th); and
- If requesting waiver of any required qualification, a letter must be included with your renewal application along with any supporting documentation, experience, or training requested for substitution.

INCOMPLETE RENEWALS WILL BE RETURNED WITHOUT REVIEW

Approved		Denied		Fee		Date of Decision		
				<input type="checkbox"/> Enclosed <input type="checkbox"/> Waived				
Core	Civil	Domestic	Parent Adolescent	Juvenile Dependency	Mentor	Domestic Conciliator	Parenting Coordinator	Case Management

Dispute Resolution Provider Renewal

Individual Information

Name: _____

DPR#: _____ Current CDRE Hours: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax#: _____

Email: _____

Renewal Information

Categories in which you are requesting renewal:

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

If you are mentor mediator, which types of mediation do you mentor?

- | | |
|--|--|
| <input type="checkbox"/> Core | <input type="checkbox"/> Juvenile Dependency |
| <input type="checkbox"/> Civil | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Parent/Adolescent | |

If you are not previously approved in any of the above listed processes, please apply for initial approval as required by Supreme Court Rule 911.

Are you requesting a waiver in any category? Yes No
 If yes, include a letter along with any supporting documentation, experience, or training requested for substitution.

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

What districts are you willing to mediate in?

- | | | | | |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 15 | <input type="checkbox"/> 22 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 9 | <input type="checkbox"/> 16 | <input type="checkbox"/> 23 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 10 | <input type="checkbox"/> 17 | <input type="checkbox"/> 24 | <input type="checkbox"/> 31 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 11 | <input type="checkbox"/> 18 | <input type="checkbox"/> 25 | |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 12 | <input type="checkbox"/> 19 | <input type="checkbox"/> 26 | |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 13 | <input type="checkbox"/> 20 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 14 | <input type="checkbox"/> 21 | <input type="checkbox"/> 28 | |

Additional areas of expertise, if any, to add:

Dispute Resolution Provider Annual Statistical Information

Number of Mediations: Count each case just once (*example 5 Community*).

<input type="checkbox"/> Domestic (Custody/Parenting Plan)	<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Family
<input type="checkbox"/> Domestic (Full Case)	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Employment
<input type="checkbox"/> Domestic (Property)	<input type="checkbox"/> Special Education	<input type="checkbox"/> Malpractice
<input type="checkbox"/> Parent/Adolescent	<input type="checkbox"/> Environmental	<input type="checkbox"/> Small Claims
<input type="checkbox"/> Limited Actions	<input type="checkbox"/> Consumer	<input type="checkbox"/> Community
<input type="checkbox"/> Victim/Offender	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Probate
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Church
<input type="checkbox"/> Juvenile Dependency		
<input type="checkbox"/> Other: _____		

Number of Other Forms: including domestic conciliator, parent coordinator, case mangement, arbitrations, settlement conferences, neutral evaluations, etc. Count each case just once.

_____ Domestic (Custody/Parenting Plan)	_____ Civil Rights	_____ Family
_____ Domestic (Full Case)	_____ Agricultural	_____ Employment
_____ Domestic (Property)	_____ Special Education	_____ Malpractice
_____ Parent/Adolescent	_____ Environmental	_____ Small Claims
_____ Limited Actions	_____ Consumer	_____ Community
_____ Victim/Offender	_____ Workers Comp	_____ Probate
_____ Personal Injury	_____ Public Policy	_____ Church
_____ Juvenile Dependency		
_____ Other: _____		

If no services were provided during the prior year, please indicate here: _____

Optional Information

What language(s), other than English, can you use in Dispute Resolutions?

Estimated average number of hours per case: _____
This includes preparation, paperwork, and actual work with parties

Average fee per hour: _____

Comments and Suggestions:

Have major changes occurred this year in how dispute resolution is conducted or are there any dispute resolution programs/services which have begun in the past year in your judicial district?

D. Verification:

I declare, under penalty of perjury, that all information I have supplied in applying for program approval is truthful and accurate. I agree, individually and on behalf of the program named in this application, (1) to uphold the Kansas Supreme Court Rules Relating to Dispute Resolution; (2) to assure that my or the program's approved training courses or approved CDRE presentations will meet the requirements of SC Rule 914 or SC Rule 916, respectively; (3) to submit myself or the program I represent to periodic supervision and evaluation, and release any information concerning such supervision or evaluation to the Director of Dispute Resolution while I am serving as an approved program or representing an approved program. In addition, I understand that to gain and maintain approval, I shall provide a program annual report to the Director of Dispute Resolution each calendar year.

Signature

Date