

3. If I am engaged in a licensed discipline, I have a valid license from the State of Illinois to practice my profession, proof of which is attached as **Exhibit C**.

4. I am on the list of approved mediators for the following Illinois Circuits:

5. I am a member in good standing in the following professional organization(s).

6. I maintain an office in the County of _____ at the following address

Address: _____

Telephone: _____ Fax: _____

Email: _____

7. I understand that Pro Bono representation is a requirement for inclusion on the Court's list of approved Family Court mediators.

I respectfully request that the Court review my application, and if I am found to be qualified and eligible under Rule 21 that I be placed on the Court's list of approved Family Court mediators.

Dated ____/____/____

Signature of Applicant

Verification by Certification

I, _____, have read the foregoing Petition
name of applicant
for Certification, along with local Rule 21 and have knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Dated ____/____/____

Signature of Applicant