

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**APPLICATION FOR PAID MEDIATOR**

*Division of Florida Condominiums, Timeshares, & Mobile Homes*

Legal Name of Applicant

(Last)

(First)

(MI)

Mailing Address

(Number and Street or Post Office Box)

(City)

(State)

(Zip Code)

(County)

Telephone Number

(Area Code)

(Telephone Number)

1. Are you currently certified by the Florida Supreme Court to mediate court cases in either county or circuit court?

YES  \_\_\_\_\_ NO<sup>1</sup>

**IF YES, verification of certification must be attached to this application as follows:**

**A. A certificate from the Florida Supreme Court showing that the applicant is currently certified to act as a court mediator of cases in either circuit or county courts**

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<sup>1</sup> If you answered "no" to this question you are not eligible to be certified by the Division.

- OR -

**B. Other verifiable evidence of certification by the Florida Supreme Court that the applicant is currently certified to act as a court mediator of cases in either circuit or county courts.**

Please list all counties in which you are willing to provide paid mediation services:

The following information is requested for informational purposes and is not required for certification purposes at this time:

Please list your current profession.

Please state whether you are an attorney currently licensed by the Florida Bar or other state, or whether you have ever been licensed as an attorney, indicating the periods of such licensure, and if you are or were an attorney, state the number of years which you were licensed as an attorney, list the subject areas which you specialized in, if any, and indicate the number of years or percentage of your practice which you spent in condominium law or other community association practice.

Please provide an estimate of the total number of cases in which you have acted as the mediator, and estimate how many of the total number of cases involved condominium disputes or other community association disputes such as homeowner association cases.

Please list, if applicable, any other professional experience which involved community associations,

and indicate the number of years which you performed such services. An example of this would be if you were a manager or accountant for a community association.

*By signing this application, I am authorizing the Division of Florida Condominiums, Timeshares, and Mobile Homes to add my name to a list of Paid Mediators to be distributed to any requesting person. I have read Section 718.501(1)(m), Florida Statutes, and Chapter 61B-25, Florida Administrative Code, and I meet the minimum requirements necessary to be added to the list of paid mediators. I understand that if the Division determines that I have falsified any information on this application, my name will not be added to the list, or if it has been added, my name will be deleted.*

(Signature of Applicant)

(Date signed)

**MAIL COMPLETED APPLICATION WITH ALL ATTACHMENTS TO:**

**Department of Business and Professional Regulation**  
Division of Florida Condominiums, Timeshares, and Mobile Homes  
Capital Commerce Center  
2601 Blair Stone Road  
Tallahassee, FL 32399-1030