

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA**

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VERIFICATION OF QUALIFICATION TO ACT AS MEDIATOR

In accordance with Local Rule 9019-2 and Administrative Order 13-01 of the U.S. Bankruptcy Court for the Southern District of Florida, I verify that I qualify for and agree to serve as a mediator under this rule as follows:

1. I have (check one or more)
 completed a minimum of 40 hours in a circuit court mediation training program certified by the Florida Supreme Court;
 completed the American Bankruptcy Institute/St. John's University School of Law Bankruptcy Mediation Training
 a certification by the Florida Supreme Court as a circuit court mediator.
2. I agree to accept at least 2 mediation assignments per year in cases where at least one party lacks the ability to compensate the mediator, in which case I understand that my mediator's fees will be reduced accordingly or I will serve as mediator pro bono if no litigant is able to contribute compensation.
3. I have taken the oath or affirmation prescribed by 28 U.S.C. §453 and have attached proof thereof to this Verification.
4. I agree to accept the current compensation rate established by the U.S. District Court for the Southern District of Florida and adopted by this court and, where applicable, as provided by Rules 9019-2(A)(2)(b) and (A)(6). I also agree to accept the compensation rate established by AO 13-01 of the U.S. Bankruptcy Court for the Southern District of Florida if I intend to accept assignments in the Mortgage Modification Mediation Program.
5. I am familiar with and will comply with all notice and report requirements contained in Rule 9019-2.
6. I will disclose to the court any bias or prejudice which may disqualify me as a mediator under Rule 9019-2(B)(2).
7. I will accept referrals for cases in the following divisions:
 Miami Ft. Lauderdale West Palm Beach
8. I will or will not accept assignments in the Mortgage Modification Program.

I certify under penalty of perjury that all the information on this form is true.

Signature _____

Date:

Name: _____
(Printed or typed)

Florida Bar No.(if applicable) _____

Address: _____

Attach proof of
item #3

Phone: _____

email: _____

**THIS FORM MUST BE FILED WITH THE CLERK'S OFFICE.
YOU MAY ATTACH A ONE PAGE RESUME TO THIS VERIFICATION.**

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MEDIATOR'S OATH

Each mediator of the United States Bankruptcy Court shall take the following oath or affirmation before performing the duties of his office:

"I, _____ do solemnly swear that I will administer justice without respect to persons, and do equal rights to the poor and to the rich, and that I will faithfully and impartially discharge and perform all the duties incumbent upon me as a mediator for the United States Bankruptcy Court, Southern District of Florida, under the Constitution and laws of the United States, so help me God".

By: _____
(Signature)

(Print Name)

SWORN TO AND SUBSCRIBED

before me on _____.

by _____.

NOTARY PUBLIC, State of Florida at Large

My Commission Expires: