

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA
www.flsb.uscourts.gov

VERIFICATION OF QUALIFICATION TO ACT AS MEDIATOR

I, [name], verify as follows:

1. I meet the requirements of Local Rule 9019-2(c)(2)(C) to be included on the Court's register of mediators because I (check all that apply):

____ have completed a minimum of 40 hours in a circuit mediation training program certified by the Florida Supreme Court.

____ have completed the American Bankruptcy Institute/St. John's University School of Law Bankruptcy Mediation Training.

____ am certified by the Florida Supreme Court as a circuit court mediator.
2. I agree to serve as a mediator in the following (check all that apply):

____ the Court's Mortgage Modification Mediation program (MMM) established by Administrative Order 2014-03.

____ the Court's Student Loan Program (SLP) established by Administrative order 2021-02.

____ any adversary proceeding or contested matter pending in this Court.
3. As required by Local Rule 9019-2(c)(2)(C)(ii), I agree to accept at least two mediation assignments per calendar year in cases where at least one party lacks the ability to compensate the mediator. In those cases, my mediator fees will be reduced accordingly or, if no litigant is able to contribute compensation, I will serve pro bono.
4. I have taken the mediator's oath (or affirmation) based on 28 U.S.C. § 453, proof of which is attached.
5. As required by Local Rule 9019-2(f), I will not serve as a mediator in any matter in which I would be disqualified to serve as a judge under 28 U.S.C. § 455 or in which I have a bias or prejudice that would render a judge unable to hear a proceeding under 28 U.S.C. § 144.
6. I will be governed by the standards of professional conduct set forth in the Florida Rules for Certified and Court-Appointed Mediators.

7. I agree to accept assignments as a mediator, and to be compensated, as follows (check all that apply):

_____ in the MMM program, compensated at the rate set by Administrative Order 2014-02 and the Court's *Mortgage Modification Mediation Program Procedures*, as they may be amended from time to time.

_____ in the SLP, compensated at the rate set by Administrative Order 2021-02 and the Court's *Student Loan Program Procedures*, as they may be amended from time to time.

_____ under Local Rule 9019-2(e)(2)(B), compensated at the rate set by the United States District Court for the Southern District of Florida for compensation of mediators.

8. As required by Local Rule 9019-2(g), I will file the local form *Report of Mediator* no later than seven days after the conclusion of a mediation.

9. I will comply with any other applicable notice and reporting requirements of Local Rule 9019-2, Administrative Order 2014-02, and Administrative Order 2012-02.

10. I will accept assignments as a mediator in (check all that apply):

_____ the Miami Division.

_____ the Fort Lauderdale Division.

_____ the West Palm Beach Division.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____
Date

Signature
[Mediator Name]
[Bar Number (if applicable)]
[Firm/organization]
[Address]
[Telephone number]
[Email address]

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MEDIATOR'S OATH

I, _____, do solemnly swear (or affirm) that I will administer justice without respect to persons, and do equal right 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 for the Southern District of Florida, under the Constitution and laws of the United States.

Executed on: _____
Date

Signature

STATE OF FLORIDA

COUNTY OF _____

Sworn and subscribed to before me this ____ day of _____ (month and year), **by** _____ (name of person making statement).

Notary Public/Deputy Clerk

_____ Personally Known

or

_____ Produced Identification

Type of Identification Produced: _____