

Please be advised:

**Mediator applications will only be accepted during the time
that the Division has an open solicitation.**

*******currently there is no open solicitation*******

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE DIVISION
OFFICE OF THE OMBUDSMAN FOR COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS
3300 West Sahara Avenue, Suite 350 * Las Vegas, NV 89102
(702) 486-4480 * Toll free: (877) 829-9907 * Fax: (702) 486-4520
E-mail: CICOmbudsman@red.nv.gov <http://red.nv.gov>

ALTERNATIVE DISPUTE RESOLUTION
MEDIATOR APPLICATION FORM
(Please Print or Type)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Daytime number: _____ Fax: _____ Cell: _____

NEVADA BAR ID# _____ Current Member Status: _____
Must be in good standing

Profession: _____

Professional Certificates / Designations: _____

Qualifications:

List Mediation format training/certifications. Include copies of any Certified Mediator certificates with the application.

Course/Training Titles: _____

Date(s): _____ Number of Hours: _____

Provider Name/Address: _____

Completion Validation: _____

(Attach additional training if applicable)

Name of Mediation/Arbitration organization or service:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Member Since: _____

Please describe any experience with the mediation of homeowner association disputes. If no experience, please enter N/A:

Geographic Service Area:

- Reno/Carson/Tahoe Area
- Central Nevada
- Northeastern Nevada
- Greater Las Vegas Area

Please list foreign languages, or sign language, in which you have sufficient fluency to serve as a neutral:

Fee and Expenses:

_____ Hourly Rate: **\$167** per **hour**.

_____ Should I be appointed to the ADR Mediation panel, I acknowledge that as per NRS 38.330(2), all mediations are to be conducted at the maximum rate of \$500 for no more than (3) hours. Any additional mediation time must be agreed upon by all parties involved, and the rate of this additional this is to be no more \$200.00 per hour.

_____ I acknowledge that Mediation proceedings may be subsidized by the Division as per NAC 116.520 in an amount not to exceed \$500 or \$250 for each party who is eligible for subsidy, whichever is less; and that I am not an employee of the State of Nevada, and therefore, I am eligible to receive subsidy payments from the State.

_____ I CERTIFY that the above information and any other information I am submitting for this application is true and correct to the best of my knowledge and that I may be removed from the Mediation panel or the approved Division Neutral List for intentionally falsifying the information provided. False certification may also subject me to civil or criminal penalties. I understand that all of the information provided is a public record. I agree to comply with all provisions of NRS Chapter 38.

_____ If I am listed on the Division Neutral List, I agree to perform resolution services to the best of my ability in an ethical and proper manner and in accordance with the time provisions of the Mediation process.

_____ I acknowledge that unless otherwise agreed to by the parties, the mediator is appointed on a rotating basis within the discretion of the Division.

Signature Print Name Date

STATE OF _____ ss. COUNTY OF _____

I certify that this is a true and correct copy of a document in the possession of _____
PRINT NAME

Notary Signature Commission Expiration: