



New Jersey Association of Professional Mediators

26 Park Street, Suite 2041, Montclair, New Jersey 07042 (800) 981-4800

APM APPLICANT REFERENCE FORM

Recommender's Name (Print)

Street Address

City

State

Zipcode

Telephone Number

E-Mail Address

I have completed and signed this recommendation form on behalf of

_____ ("Applicant"), who is applying for Accreditation as a Professional Mediator with the New Jersey Association of Professional Mediators ("NJAPM"). I recommend this Applicant without reservation, and answer the following question in support of NJAPM granting accreditation.

INQUIRIES

1: I have known the Applicant for _____ years.

2: What is your relationship with the Applicant?
(Check all that apply)

_____ Business – as a colleague

_____ Business/Commercial dispute – as applicant’s mediation client

_____ Business– as a member of the same professional organization other than NJAPM name of organization _____

_____ Professional – as a colleague

_____ Professional – as a member of the same professional organization other than NJAPM name of organization _____

_____ Educational – I taught the Applicant

_____ Family/Divorce – as applicant’s mediation client

_____ Personal friend

_____ Is applicant a relative of a mediation participant?

_____ Other _____

3: Have you directly observed the Applicant’s work as a mediator?

Yes _____ No _____ (If no, skip to Question # 3B)

3A: If your answer is “Yes,” how would you rate the Applicant using the scale below on the following?

5- Highest Rating 4-Good 3-Competent 2-Fair 1-Lowest Rating 0-N/A

| | 5 | 4 | 3 | 2 | 1 | N/A |
|--|---|---|---|---|---|-----|
| Knows Mediation Process | | | | | | |
| Explanation of Mediation Process | | | | | | |
| Explanation of Confidentiality | | | | | | |
| Acted Impartial | | | | | | |
| Communicated Neutrality | | | | | | |
| Prepared for Mediation Session | | | | | | |
| Prepared Parties for Session | | | | | | |
| Understood the Issues | | | | | | |
| Gained Participant's Trust | | | | | | |
| Listened to Participants | | | | | | |
| Developed Rapport with Participants | | | | | | |
| Active and Engaged | | | | | | |
| Controlled Sessions | | | | | | |
| Allowed Parties to Fully Communicate Positions | | | | | | |
| Appropriately Empathetic | | | | | | |
| Honesty/Integrity | | | | | | |
| MOU Accuracy | | | | | | |

| | Yes | No |
|--|-----|----|
| Did you sign an Agreement for the Applicant to be your Mediator? | | |
| If so, did You Receive a Copy Of the Agreement? | | |
| Did you find the Applicant to be Honest and have Integrity? | | |

| | Yes | No |
|--|-----|----|
| If applicable, did the Applicant Explain the Law to Participants? | | |
| Did the Applicant help the Participants to Generate Options for Issue Resolution? | | |
| Did the Applicant Present a Written Document Which Memorialized All Verbal Agreements? | | |
| Would You Refer Mediator to a Family Member? | | |
| | | |
| If a Divorce Mediation, did Mediator Explain Child Support Guidelines? | | |
| If a Divorce Mediation, did Mediator Explain Alimony/Spousal Support? | | |
| If a Divorce Mediation, did Mediator Discuss 401(k) & Pension Retirements & use of QDRO? | | |
| If a Divorce Mediation, did Mediator Explain Parenting Plan Options? | | |

Any Additional Comments?

Question 3B: If your answer is “No,” what is your basis for recommending the Applicant for accreditation?

Question 4: What type of case did the Applicant mediate?

Question 5: Would you use the Applicant as a mediator in the future?

Yes _____ No _____

Question 6: If No, Why Not?

Question 7: What is the greatest strength(s) that the Applicant brings to the mediation table?

Question 8: What area(s) does the Applicant need to improve in order to become a better Mediator?

Question 9: Do you have any other insights about the Applicant to share with the Accreditation Committee?

Dated: _____ Signature: _____