



Application for Program Renewal - Instructions

1. This form should be submitted when applying for annual renewal of Dispute Resolution Program Approval pursuant to [Supreme Court Rule 913](#). (Do not use this form when newly requesting approval for a Dispute Resolution Program).
2. A renewal application must be completed each calendar year to remain active.
3. Each approved program must submit an annual report with the renewal application. The report must comply with the requirements of Supreme Court Rule 913(d)(1)(A).
4. Renewal applications must be submitted via mail to the address in the page footer below.
5. Please ensure that all dispute resolution providers listed on the form are approved before submitting your renewal form.
6. The renewal application and fee must be postmarked by January 30. A nonrefundable \$50.00 fee must accompany the application. Checks should be made out to the Kansas Office of Judicial Administration. An additional \$25 reinstatement fee is required if the renewal request is submitted after January 30th).

Required Attachments:

- Qualifications for any new neutral person(s) associated with the program;
- Annual report (may be submitted as an attached report or by completing the details on pages 3-4 of this renewal application). If attaching a report, please ensure the report:
 - summarizes the dispute resolution services or approved training courses that have been provided in the prior year;
 - identifies the number, types, dates, agenda, and approved education hours or CDRE credit provided for courses approved in the prior year; and
 - demonstrates continued compliance with the Dispute Resolution Act.
- A non-refundable \$50.00 application fee (an additional \$25 reinstatement fee is required if renewal is postmarked after January 30th).

INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW

	Fee Enclosed	Approved	Denied	Date of Decision	
Office Use Only					Office Use Only

Approved Program Renewal Application

A. Program Information

Program Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax#: _____

Email: _____

B. Neutral Persons Associated with the Program or Service: (Please only list approved dispute resolution providers)

Before submitting your application, please ensure that all neutral persons listed on this form are approved dispute resolution providers. Neutral persons are approved individuals who facilitate dispute resolution services (see K.S.A. 5-502(m)). If a person is not involved with facilitating the settlement or resolution of disputes, do not list the person here.

Name:	<u>Qualifications Attached:</u>	
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

C. Program Practicum Report & Renewal

Name(s) of Kansas Supreme Court Approved Mentor Mediator(s) who oversaw program practicum(s) in prior year:

Areas in which your program provided practicum experience in the prior year and numbers of mentees trained:

Core: _____
Civil: _____
Parent/Adolescent: _____
Juvenile Dependency: _____
Domestic: _____

What types of practicum experience did your program provide in the prior year?

Co-mediation
Mediation simulations
Combination of co-mediations and mediation simulations

If you are seeking renewal of your practicum approval, please answer the following questions:

Name(s) of Kansas Supreme Court Approved Mentor Mediator(s) who will oversee program practicum(s) in the coming year:

Types of mediation practicum(s) your program will offer in the coming year:

Core
Civil
Parent/Adolescent
Juvenile Dependency
Domestic

What types of practicum experience will your program offer in the coming year?

Co-mediation

Mediation simulations

Combination of co-mediations and mediation simulations

D. Annual Dispute Resolution Report:

1. Summary of Dispute Resolution Services Provided during Prior Calendar Year:

Number of Mediations: Count each case just once (*example 5 Community*).

<input type="checkbox"/> Domestic (Custody/Parenting Plan)	<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Family
<input type="checkbox"/> Domestic (Full Case)	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Employment
<input type="checkbox"/> Domestic (Property)	<input type="checkbox"/> Special Education	<input type="checkbox"/> Malpractice
<input type="checkbox"/> Parent/Adolescent	<input type="checkbox"/> Environmental	<input type="checkbox"/> Small Claims
<input type="checkbox"/> Limited Actions	<input type="checkbox"/> Consumer	<input type="checkbox"/> Community
<input type="checkbox"/> Victim/Offender	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Probate
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Religious
<input type="checkbox"/> Juvenile Dependency	<input type="checkbox"/> Military/Veteran	
<input type="checkbox"/> Other: _____		

Number of Other Forms: including domestic conciliator, parent coordinator, case management, arbitrations, settlement conferences, neutral evaluations, etc. Count each case just once.

<input type="checkbox"/> Domestic (Custody/Parenting Plan)	<input type="checkbox"/> Civil Rights	<input type="checkbox"/> Family
<input type="checkbox"/> Domestic (Full Case)	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Employment
<input type="checkbox"/> Domestic (Property)	<input type="checkbox"/> Special Education	<input type="checkbox"/> Malpractice
<input type="checkbox"/> Parent/Adolescent	<input type="checkbox"/> Environmental	<input type="checkbox"/> Small Claims
<input type="checkbox"/> Limited Actions	<input type="checkbox"/> Consumer	<input type="checkbox"/> Community
<input type="checkbox"/> Victim/Offender	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Probate
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Public Policy	<input type="checkbox"/> Religious
<input type="checkbox"/> Juvenile Dependency	<input type="checkbox"/> Military/Veteran	
<input type="checkbox"/> Other: _____		

Dispute Resolution session format: _____ in-person _____ virtual (Please list total number of dispute resolution sessions completed in-person and the number completed virtually (e.g., via Zoom)).

2. Primary Training Courses Taught During Prior Calendar Year (number, types, dates, agenda, and approved credit hours):

3. CDRE Activities/Presentations During Prior Calendar Year (number, types, dates, agenda, and approved credit hours):

E. Verification:

I verify that all information I have supplied in applying for program renewal is truthful and accurate. I agree to uphold the Kansas Supreme Court Rules Rules Relating to Dispute Resolution. I also agree to submit to periodic supervision and evaluation, and release of any information concerning my supervision or evaluation to the Director of Dispute Resolution while I am serving as an approved program. In addition, I understand that to maintain approval, I shall provide an annual report to the Director of Dispute Resolution on an annual basis.

Signature: _____

Date: _____

Revised: 09/15/2022