

PROGRAM RE-APPLICATION FOR EXISTING PROGRAMS

COVER SHEET

PROGRAM INFORMATION

Name: _____
Address: _____
Phone #: _____
Fax #: _____
E-Mail: _____
Contact Person: _____
Year Program Began: _____
Number of Neutrals on Program Roster: _____

CERTIFICATION

I certify the following with regard to the above-named program: that it qualifies as a “program” as that term is used in Rule 2 of the Uniform Rules; that it agrees to comply with the Trial Court Policy on Data Collection and Record Keeping set forth in Appendix A; that it agrees to comply with the Trial Court Complaint Mechanism set forth in Appendix B; that it agrees to comply with the Trial Court Policy on Evaluation of Dispute Resolution Services set forth in Appendix C; that it agrees to comply with the standards set forth in Rule 7 of the Uniform Rules; that it agrees to comply with the standards set forth in Rule 8 and the Guidelines for the implementation of Rule 8 to ensure that neutrals on its roster meet applicable qualification standards; that it will follow the ethical standards set forth in Rule 9 of the Uniform Rules; and that it is in compliance with all other applicable state and federal laws.

All the information contained in this application is true to the best of my knowledge and belief.

Signature

Print Name

Title

Program

Date

THE EXISTING PROGRAM SEEKS THE FOLLOWING EXTENSION OF SERVICES

1. _____ We are seeking an extension of our previous authorization to provide ADR services to the following Court Department with no changes. (*Programs are required to use a separate application for each department.*)

- | | |
|---|---|
| <input type="checkbox"/> Boston Municipal Court | <input type="checkbox"/> District Court |
| <input type="checkbox"/> Housing Court | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> Land Court | <input type="checkbox"/> Probate and Family Court |
| <input type="checkbox"/> Superior Court | |

2. _____ We are seeking an extension of our previous authorization to provide ADR services to the above-mentioned Court Department with the following changes (please complete all that apply):

a) Case types – We would like to change the case types (e.g., small claims, criminal, regular civil, etc.) for which we are authorized to provide services as follows:

Add the following case type(s):

Delete the following case type(s):

b) Approved Locations – We wish to be approved to provide services to the following *additional* court division(s). [**For District Court ONLY** - In addition, we have attached a letter from each First Justice indicating his or her intention to utilize the type of dispute resolution service that we intend to provide.]

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

PROGRAM APPLICATION - NARRATIVE

INSTRUCTIONS. Please review the Narrative Questions #1-15. If there have been no changes in your answers since the last application process, please answer “no changes.” Otherwise, if your program’s responses have changed, please indicate those changes that have taken place.

In addition, responses to Questions numbered 3, 4, 6, 12, 13, 14 and 15 also require a copy of your written policies on those topics.

- 1. Program Information:** Indicate numbers and types of cases handled for each of the past three years. **As part of your re-application process, you must provide a copy of your Dispute Resolution Program Report for the period of July 1, 2014 to June 30, 2015 for each court division served.** List all types of ADR services provided. Describe in detail the services listed on the cover sheet which your program has previously provided to a court. Describe any special expertise your program offers based on experience or training of neutrals on your roster. To comply with the need for foreign languages, American Sign Language or oral interpreting, list any related fluency on the part of your neutrals. Describe the hours your program’s services are available.
- 2. Space:** If approved, where will you provide services? If space is not available in a courthouse, where, specifically, would you provide services in each division? Is the space handicapped accessible? Describe any guidelines you have for the type of space required.
- 3. Methodology:** Attach a copy of your written policies in accordance with Uniform Rule 7(a) for receiving referrals, screening referrals for appropriateness, scheduling or canceling sessions, distributing cases among neutrals on the roster, following up after sessions and ensuring that clients are not subject to inappropriate pressure to settle.
- 4. Quality Control:** Describe in detail how you evaluate your programs performance and how you monitor your neutrals. Describe any additional steps you take to ensure the quality of services you provide. Describe your process for assembling and maintaining the roster of neutrals, including the methods for adding and removing neutrals in accordance with Uniform Rule 7(c).

Complaints. As to any complaints received by your program, (1) Attach a copy of your written policy for handling complaints; (2) Attach a list describing each complaint received since your last application along with a description of the process you used for resolving the complaint and its outcome.

- 5. Record Keeping:** Describe the types of records you keep and the types of data you collect.
- 6. Diversity:** Attach a copy of your written policy prohibiting discrimination against your staff, neutrals or clients. Describe any policies which promote diversity as to race, gender, ethnicity, experience, and training among your staff, your neutrals and your clients.
- 7. Fees:** If you plan to charge fees for any court-connected service, attach your fee schedule, including specified criteria for fee waived or reduced fee services to be made available to indigent and low income litigants. (Fees must be approved by the Chief Justice of the Department in which services are provided.)
- 8. Affiliations:** Is your program, the parent or subsidiary of any other organization? If so, describe the relationship. Does any officer or employee of the courts have an affiliation or relationship with your program? If your program has a written policy for addressing conflicts of interest, please attach it.
- 9. Divisions:** Please indicate each Trial Court Department in which your program seeks approval and each Division within that Department in which you seek approval.
- 10. Roster:** Please describe the size and composition of your roster of neutrals including what percentage meet the basic training requirements and the alternative methods requirement.
- 11. Neutral Qualifications:** Please describe your policies, procedures and record keeping which documents how all neutrals on your roster satisfy the qualification requirements of Rule 8 (b)(v) of the Uniform Rules on Dispute Resolution. In addition, denote all new neutrals on your roster since the last approval process on Form 1 - List of Neutrals.
- 12. Continuing Education:** Attach a copy of your written policy on continuing education of your neutrals.
- 13. Continuing Evaluation:** Attach a copy of your written policy on continuing evaluation of your neutrals.
- 14. Court Orientation:** Attach a copy of your written policy on court orientation of your neutrals.
- 15. Personal Information:** Attach a copy of your written policy on safeguarding personal information.