



## New Jersey Judiciary Civil Mediator Roster Change/Update Form

Name:	Mediator ID #
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**Permanently** Remove From Roster  
Select Reason for removal:

**Temporarily** Remove From Roster  
Inactivate Date: \_\_\_\_\_ Reactivate Date: \_\_\_\_\_  unknown  
Reason for temporary removal:

**Additional Changes/Updates Below:**

Firm Name (if applicable):

Address:

Street	City	State	Zip
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Phone Number	Fax Number	Hourly Fee
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Counties of Practice:

**Add**

**Remove**

Areas of Expertise:

**Add**

**Remove**

Profile: (maximum 750 characters)

**For internal use only:**

Updated ACMS Record \_\_\_\_\_ Verified Change On Roster \_\_\_\_\_

**Email completed form to: [CivilArbMed.Mbx@njcourts.gov](mailto:CivilArbMed.Mbx@njcourts.gov)**