

ELDERCARE MEDIATOR QUESTIONNAIRE

A. BASIC INFORMATION:

LOCATION(S):

"I WILL MEDIATE IN THE FOLLOWING LOCATION(S)":

LIST AT LEAST ONE STATE, AND ADDITIONAL STATES OR METROPOLITAN AREAS OUTSIDE OF THE FIRST STATE LISTED.

Idaho, Washington

YOUR NAME: Stan Moore

**BUSINESS
NAME:** Stan Moore & Associates

ADDRESS: 250 Northwest Blvd #106A
Coeur d' Alene, ID 83814

PHONES: 509-981-2541, 208-765-2660

FAX: 509-838-1416 attn:Stan Moore

EMAIL: smed8@aol.com

WEBSITE: <http://hometown.aol.com/smed8/myhomepage/business.html>

LANGUAGES SPOKEN FLUENTLY:

English

FEES PER HOUR & OTHER FEES (EG. TRAVEL):

\$250 per hour plus travel time if more than one hour and expenses if overnight

DO YOU HAVE MEDIATOR MALPRACTICE INSURANCE? Yes

B. BACKGROUND:

OVERVIEW OF BACKGROUND

(PRIMARY PROFESSION, ETC. MAXIMUM 50 WORDS):

I served as an Assistant Attorney General for the State of Washington and then practiced for 30 years as a lawyer with the firm of Winston and Cashatt, achieving an AV Martindale-Hubbell rating. He litigated cases in state and federal courts and is admitted to practice before the Supreme Court of the United States.

GENERAL MEDIATION EXPERIENCE (MAX 30 WORDS):

I have conducted more than 5000 hours of successful fee generating arbitration and mediation sessions through my private practice in Washington and Idaho, successfully completing over 200 mediations and arbitrations in the last four years. HI have also taught numerous courses in mediation and ethics to mediators, arbitrators and lawyers.

NUMBER OF MEDIATED DISPUTES (ANY KIND--MINIMUM 5 TO BE LISTED):

Over 300

NUMBER OF MEDIATED DISPUTES INVOLVING HIGH-CONFLICT FAMILY MEDIATION:

100-300

ELDERCARE MEDIATION EXPERIENCE: NUMBER OF EM DISPUTES MEDIATED:

More than 5

NUMBER OF YEARS YOU HAVE MEDIATED: 20

GERIATRIC EXPERIENCE (MAX 30 WORDS):

I have served as a lawyer and mediator in in approximately lawsuits involving claims of elder abuse, housing, trusts, malpractice, and probate.

OTHER

(EG. PERSONAL EXPERIENCE WITH FAMILY DECISION MAKING REGARDING PARENTS, ETC. MAX 30 WORDS):

I have served as advisor to trustee and personal representative for an elderly friend for several years in finding and maintaining appropriate care and medical treatment.

C. EDUCATION, ASSOCIATIONS, AND LICENSES/MEDIATOR REGISTRIES:

EDUCATIONAL DEGREE(S), MAJOR(S), & INSTITUTION(S):

I received my Bachelor of Arts degree in 1962 from Whitman College majoring in psychology and sociology and my JD degree cum laude from Gonzaga University Law School in 1969, after serving as an Explosive Ordnance Disposal Officer in the U.S. Navy.

PROFESSIONAL ASSOCIATIONS: MEDIATION (IF ASSOCIATION FOR CONFLICT RESOLUTION (ACR), INCLUDE WHETHER PRACTITIONER MEMBER), GERIATRIC, THERAPIST, LEGAL, ETC. (MAX 30 WORDS):

I am a member of, and certified as a professional mediator by, the Washington Mediation Association and the Idaho Mediation Association in family and civil law.

MEDIATOR REGISTRIES/CERTIFICATION/LICENSES (NOTE IF YOU RECEIVED ANY DISCIPLINARY ACTIONS) (MAX 30 WORDS):

I am licensed as a lawyer in Washington and Idaho, and have practiced since 1969 without any professional discipline.

D. TYPES OF ELDERCARE MEDIATION DISPUTES THAT

YOU WILL MEDIATE:

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CHECK ALL THAT APPLY & CHECK TYPES OF EM DISPUTES THAT YOU HAVE ALREADY MEDIATED:

WILL	HAVE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quality of Life
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Housing
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Car Keys, Driving & Transportation (limitations on driving, testing, transportation to medical appointments, friends, social events & church)
<input type="checkbox"/>	<input type="checkbox"/>	Caregiving (division of duties, relief for caregivers, level of care needed, planning vacations for parents & caregivers)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Financial Decisions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Working through Family Fights (improving sibling relationships, learning communication skills, & working as a team)
<input type="checkbox"/>	<input type="checkbox"/>	Geriatric Assessment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wills, Trusts & Estates (planning, distribution of assets, & resolution of family disputes)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Division or Sale of Farms, Businesses & Property
<input type="checkbox"/>	<input type="checkbox"/>	Powers of Attorney & Avoiding Guardianship
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Health Care Decisions
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Decisions
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Planning Ahead for End of Life Decisions (funeral planning & Advanced Directives (Living Wills/Life Prolongation, organ donation preference, appointment of health care representatives)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resident Injury, level of care, & Wrongful Death

Other (List):

WILL

HAVE

All of the Above

E. MEDIATION TRAINING:

**TRAINING IN BASIC MEDIATION
(MINIMUM 40 HOURS OF GENERAL MEDIATION TRAINING):
NOTE TYPE (FAMILY, CIVIL, COMMUNITY MEDIATION OR OTHER,
TITLE(S), TOTAL NUMBER OF HOURS, TRAINERS)
(MAX 30 WORDS):**

I am trained in over 500 class hours in Business; Insurance; Personal Injury; E

**TRAINING RECEIVED IN ELDERCARE MEDIATION:
NOTE TITLES, TOTAL NUMBER OF HOURS & TRAINERS (MAX 30 WORDS):**

**TRAINING IN DOMESTIC VIOLENCE: NOTE TITLE(S), TOTAL NUMBER OF
HOURS & TRAINERS (MAX 30 WORDS):**

**SUMMARY OF OTHER ADVANCED MEDIATION TRAINING:
NOTE TITLE(S), TOTAL NUMBER OF HOURS & TRAINERS (MAX 30 WORDS):**

**WERE YOU A TRAINER FOR ANY NOTED ABOVE?
IF SO, LIST HOURS:**

No

**F.
MODELS AND PROCEDURES USED AS A MEDIATOR:**

MODEL(S) OF MEDIATION USED PRIMARILY:

- FACILITATIVE
- TRANSFORMATIVE
- DIRECTIVE

TYPE(S) OF MEDIATION SESSION USED (NOTE ALL YOU USE, THEN FOR EACH CATEGORY, LIST YOUR LEVEL OF EXPERIENCE: LOW, MEDIUM, HIGH):

<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH	IN-PERSON ONLY
<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH	IN-PERSON WITH SOME PARTICIPATION BY CONFERENCE CALL
<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH	MEDIATION BY CONFERENCE CALL
<input type="checkbox"/> NONE <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH	ONLINE DISPUTE RESOLUTION (MEDIATION WITH VIDEO COMPONENT)

Submit Form

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