

**DOMESTIC RELATIONS MEDIATOR APPLICATION**

**To be eligible to serve as a domestic relations mediator, you must meet the training and experience criteria specified either in MCR 3.216(G) or in the SCAO Mediation Training Standards and Procedures under MCR 3.216(G)(2).**

Service as a case evaluator under MCR 2.403 does not constitute a qualification for serving as a mediator. Refer to the Mediation Training Standards and Procedures for further information about minimum qualifications.

Note: Except for Part B, the information provided in this application is available to the public for inspection.

Please type or print neatly.

1. Full name (first, middle initial, last)		2. Bar no. if applicable P
3. Address where you can be contacted		
4. Telephone no. ( )	5. Fax no. ( )	6. E-mail address

**Part A: Domestic Relations Mediator Qualifications** Complete items 7 and 8, and either item 9, 10, or 11 as appropriate.

7. Is this a  new application?  renewal? If renewing, complete item 11 and attach a copy of your original application.

8. Completed a 4-hour domestic violence program approved by the State Court Administrative Office on \_\_\_\_\_ .  
Date

**9. Qualification through State Court Administrative Office (SCAO)-Approved Training / Association for Conflict Resolution (ACR) Training**

a. SCAO/ACR-approved training completed on \_\_\_\_\_ . Attach copy of certificate.  
Date

Trainer: \_\_\_\_\_

If ACR training was completed more than 2 years before applying, the applicant must have completed 8 hours of advanced mediation training in the 2 years before applying. Specify type of training, dates, and trainers, and attach copy of certificate.

\_\_\_\_\_

b.  Licensed in appropriate field. Specify. \_\_\_\_\_

Master or graduate degree in appropriate field. Attach copy of diploma.

5-years' experience in family counseling. Detail below. Complete on separate page if needed.

\_\_\_\_\_

\_\_\_\_\_

c. Observed two domestic relations mediation proceedings. Specify dates and mediator names and attach verification. Do not include party names.

\_\_\_\_\_

\_\_\_\_\_

d. Conducted one domestic relations mediation to conclusion. Specify date and name of mediator serving as supervisor and attach verification. Do not provide party names.

\_\_\_\_\_

continued on page 2





Full name (first, middle initial, last) (print or type)	Bar no. (if applicable) P
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**Part B: Gender and Race Information**

Providing the following information is optional. It is requested in accordance with MCR 3.216(F)(1)(c) and will be maintained separately from your application.

Check the boxes that apply to you.

Gender:

- Female       Male

Race/Ethnicity:

- American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black/African American (non-Hispanic)  
 Hispanic  
 White/Caucasian (non-Hispanic)  
 Other (specify): \_\_\_\_\_

**Part C: Pro Bono and Observee/Observer Information**

Providing the following information is optional and will be maintained separately from your application.

1. Once you have been qualified by the court to serve as a mediator:
  - a. Are you willing to be observed by a prospective mediator?  Yes       No
  - b. Are you willing to observe a prospective mediator in mediation pro bono?  Yes       No
2. Are you willing to accept appointment from the court to serve as a pro bono mediator once a year?  Yes       No