

MACOMB CIRCUIT COURT ADR MEDIATOR APPLICATION
(Not to be used by Case Evaluator Applicants)

New application?

Renewal?

Part I. General Information

Name P# _____

Address City State and Zip Code

Home Telephone: () _____ Fax () _____

Work Telephone: () _____ Cell _____

E Mail Address _____

Firm or employer's name

Work Address

City State and Zip

If you are only applying for domestic relations mediation, proceed to Part III

Part II Civil Mediator Qualifications

1. Qualification through State Court Administrative Office (SCAO) approved civil mediator training:
 - A. I completed a SCAO approved civil mediator training on _____.
(attach a certificate of completion of training).
 - B. I also meet one of the following requirements:
 1. I am an: An attorney in good standing?
(Provide Bar No.: _____); or,
 2. I have a Graduate degree in conflict resolution? (provide evidence of a degree);
or,
 3. I have 40 hours of mediation, co-mediation, observation, and role-playing

experience in the two years prior to this application? Yes. No.

Detail your qualifying experience below or complete on a separate page, if needed.

Type of Experience	Date	Hours of mediation

4. I meet the requirement that I observe two general civil mediation proceedings conducted by an approved mediator by the following:

Type of case	Date	Name of approved mediator

5. I meet the requirement that I conduct one general civil mediation to conclusion under the supervision of an approved mediator by the following:

Type of case	Date	Name of approved mediator

6. I have complied with the continuing advanced mediation training requirements of MCR 2.411(F)(4) since completing my initial training.

Part III. Domestic Relations Mediator Qualifications

- 1. I meet at least one of the following criteria:
 - a. I am licensed attorney (Provide Bar No.: _____); a licensed or limited licensed psychologist; a licensed professional counselor; or, a licensed marriage and family therapist (provide proof of licensure); or,
 - b. have a masters degree in counseling, social work, or marriage and family therapy (Provide evidence of masters degree; or,
 - c. have a graduate degree in a behavioral science (provide evidence of graduate degree); or,
 - d. have 5 years experience in family counseling? (provide evidence of 5 years of family counseling (attach separate sheet).
- 2. I completed a SCAO approved domestic relations mediator training on _____. (attach a certificate of completion of training).

Part IV. Anyone seeking to qualify through specialized experience under MCR 2.411(F)(3) or MCR 3.216(G) must consult the Training Standards promulgated by the State Court Administrative Office and present evidence that they meet the criteria provided by the State Court Administrative Office.

I certify that I meet the requirements for service under court rules, State Court Administrative Office training criteria and the Macomb County Circuit Court’s ADR plan and that I will not discriminate against parties, attorneys, or other mediators on the basis of race, ethnic origin, gender, or other protected personal characteristic.

Date

Signature

Return this application to:

Macomb County Circuit Court
ADR/Case Evaluation Clerk
Court Administration
40 N. Main
Mt. Clemens, MI 48043

GENDER/RACE/ETHNICITY INFORMATION - OPTIONAL

In order to evaluate our efforts to provide bias free mediators and diversity, we ask you to voluntarily identify your gender/race/ethnicity. This information will be maintained separately from the other pages of the application.

Name (First, Middle initial, last. Print or write legibly)

P_____
Bar No. (if applicable)

Please check the appropriate boxes:

Gender

- Male
- Female

Race/Ethnicity

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