State of IDAHO JUDICIAL BRANCH

PROOF OF COMPLIANCE OF ADDITIONAL CHILD CUSTODY MEDIATOR EDUCATION TO REMAIN LISTED ON THE CHILD CUSTODY MEDIATOR ROSTER

Inaccurate or incomplete applications will be returned unprocessed.

Name: _____

Organization: _____

Address: _____

City, State, Zip _____

Phone: _____

Fax: _____

Email: _____

Remote Appointments: Yes ☐ No ☐ If no, in which counties will you conduct mediation?

Degree, License, or Certificate: I.C.A.R. 76(c) A. ____ B. ____ C. ____

The information above represents your listing on the Child Custody Mediator Roster.

SEND TO: Idaho Supreme Court, Court Services Division, childcustodymediators@idcourts.net.

I, _____, hereby certify under penalty of perjury that I have completed a minimum of 15 hours of additional mediator education, including a minimum 2 hours of mediation ethics, which education consisted of courses, seminars, or training sessions approved by the Idaho State Bar or its equivalent in another state, an accredited college or university, the Idaho Mediation Association or its equivalent in another state, or the American College of Civil Trial Mediators or similar national organization. A certificate of attendance must be included for each training to be considered.

Any training not provided by the programs listed above must include an agenda or training materials to be considered by the Administrative Office.

Course Title and Principal Trainer(s)	Course Date(s)	Course Location	Name of College or Other Entity Listed Above Which Sponsored or Approved Training	Actual Training Hours
			TOTAL	

I attest I have read and understand I.R.F.L.P. 602, I.C.A.R. 76, and I.C.A.R. 76A.

Dated this _____ day of _____, 20____.

Signature _____

Print Name _____