

SKAGIT COUNTY SUPERIOR COURT

205 W. Kincaid Street, Room 202

Mount Vernon, WA 98273

360-416-1200

FAMILY LAW MEDIATOR APPLICATION

| CONTACT INFORMATION | | | |
|----------------------------------|------------|--------|------------------------------|
| LAST NAME | FIRST NAME | MIDDLE | DATE |
| BUSINESS NAME OR FIRM | | | SSN OR TAX ID (CONFIDENTIAL) |
| STREET AND MAILING ADDRESS | | | CITY STATE ZIP |
| BUSINESS PHONE AND EMAIL ADDRESS | | | |

| EDUCATION |
|---|
| LEVEL AND LOCATION OF FORMAL EDUCATION (ATTACH DETAILED RESUME - MANDATORY) |

| FAMILY LAW MEDIATOR TRAINING |
|---|
| DATE, SPONSOR AND HOURS ACCOMPLISHED OF BASIC MEDIATION TRAINING (MINIMUM OF 32 HRS REQUIRED) |
| DATE, SPONSOR AND HOURS COMPLETED OF COURT APPROVED DIVORCE MEDIATION TRAINING (MINIMUM OF 24 HRS RQUIRED) |
| <p>PRACTICUM: Observation of at least six two-hour family law mediation sessions divided among at least three different mediators. (You must engage in a discussion of the mediations at the conclusion of each session.)</p> <p>DATES: _____ MEDIATORS: _____</p> |

Co-mediate three family law cases from beginning to end, each with a different court-approved mediator.

CASE NAMES:

MEDIATORS:

If approved by co-mediators, mediate a family law case solo, with a court-approved mediator observing throughout the case.

CASE NAME:

MEDIATOR:

CERTIFICATION

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this ____ day of _____, at _____, Washington.

(Signature of Applicant) _____