

Mediator Registration

Name	Business Name (if applicable)
Address	Business Address
Phone Number:	Fax Number:
E-mail Address:	Counties willing to conduct mediation within: Boone _____ Callaway _____
Degrees Held: Degree _____ Year _____ Institution _____ Degree _____ Year _____ Institution _____ Degree _____ Year _____ Institution _____ Degree _____ Year _____ Institution _____	
Mediation Training: # of hours _____ Year _____ Trainer _____ Type of Mediation _____ # of hours _____ Year _____ Trainer _____ Type of Mediation _____ # of hours _____ Year _____ Trainer _____ Type of Mediation _____ # of hours _____ Year _____ Trainer _____ Type of Mediation _____	
(Attach certificate of completion to this form.) Note that Missouri Supreme Court Rules require at least 20 hours of child custody mediation training in a court-approved program. If mediation training exceeds the space provided, an additional page may be attached.	
Indicate Current Status: _____ I am a licensed attorney. _____ I possess a graduate degree in a field that includes the study of psychiatry, psychology, social work, counseling or other behavioral science substantially related to marriage and family interpersonal relationships.	
Note that Missouri Supreme Court Rules require that the mediator have at least one current status for eligibility.	
Hourly rate for mediation:	The undersigned, being duly sworn upon oath, states that he/she is the person completing the above information and that the facts stated herein are true according to his/her best knowledge and belief.
If you have mediator liability insurance, give the name of your insurer.	_____ Signature
	_____ Date

(MedReg 7/1/99)

