

NINTH JUDICIAL CIRCUIT OF ILLINOIS  
**Mediator Training B Required Information Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Mediator Training**

What is your training or education background for mediation? List all education and degrees as well as all employment-related mediation experience. *(Attach additional sheet if necessary).*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the continuing education courses you have completed in the past two years, including local circuit programs, that cover areas of mediation, ethics, relevant substantive law, family dynamics including substance abuse, domestic abuse, and mental health issues. *(Attach additional sheet if necessary).*

<u>Course</u>	<u>Date</u>	<u>CLE Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you understand and agree that as a condition of being on the list for the Ninth Judicial Circuit, you may be required to handle one reduced fee or *pro bono* appointment annually within the Ninth Judicial Circuit?

Yes     No

I verify under penalties of perjury that the above information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Office of the Chief Judge, 130 S. Lafayette, Suite 30, Macomb, IL 61455**  
Phone: 309/837-9278, Fax: 309/833-3547