



FOC DOMESTIC RELATIONS MEDIATION TRAINING
January 11, 12, 25, 26, 27,28 2010

To register, please fill out this form and fax or mail to Wayne Mediation Center.
19855 W. Outer Dr. Suite 206 Dearborn, MI 48124
Phone: 313-561-3500 Fax:313-561-3500

Contact Information:

Last Name:		First Name:	
Street Address:			
City:	State:	Zip Code:	
Primary Phone:		Secondary Phone:	

Background Information:

1. Month and Year MCR 2.411 Mediation Training successfully completed:
____/____

2. Hours of Actual Mediation Experience: _____

3. Was committed to 24 mediations over two year period explained to applicant and accepted by applicant?

4. Reason for taking the training?

Statement of Understanding

In order to make comfortable and appropriate accommodations and to ensure that participants get the best experience we have to limit the number of people served. The registration for this course is on a first come, first serve basis of qualified applicants; submitting an application does not guarantee placement in the course. In addition, the FOC and WMC reserve the right to deny any placement request when an applicant does not meet the professional requirements.

In order to participate in this training you are committed to mediate at least 24 cases over a two year period beginning February 1st, 2010. Although your commitment extends to 24 mediation sessions, the FOC is under *no* obligation to schedule you for any mediation.

Please sign below acknowledging the you have read and understood the above statement and agree to all the terms.

_____, 2010
(applicant's signature) (date)

(applicant's printed name)