

CERTIFIED MEDIATOR PROFILE (FAMILY FINANCIAL)

INSTRUCTIONS: *Type all responses in black ink using standard type. Do not add additional pages or alter the form. Return one copy of the completed form to the Dispute Resolution Commission, P.O.Box 2448, Raleigh, NC 27602.*

NAME: _____

FIRM: _____

ADDRESS: _____

TELEPHONE: Office: () _____ **Home:** () _____

E-MAIL _____ **Fax:** () _____

DATE OF CERTIFICATION: _____

NUMBER OF YEARS EXPERIENCE IN DISPUTE RESOLUTION: _____

DESCRIPTION OF EDUCATION:

DESCRIPTION OF DISPUTE RESOLUTION TRAINING:

DESCRIPTION OF EXPERIENCE IN DISPUTE RESOLUTION: *(including approximate number of cases mediated or arbitrated.)*

DESCRIPTION OF ANY ADDITIONAL SKILLS, TRAINING OR EXPERIENCE RELEVANT TO THE MEDIATION OF EQUITABLE DISTRIBUTION OR FAMILY FINANCIAL CASES:

NOTE: *The following districts are included in the pilot: District 5 (Pender and New Hanover Counties); District 6A (Halifax County); District 7 (Nash, Wilson and Edgecombe Counties); District 14 (Durham County); District 20 (Anson, Richmond, Stanly and Union Counties); District 23 (Ashe, Allegheny, Wilkes and Yadkin Counties); and District 30 (Haywood, Jackson, Swain, Macon, Graha, Cherokee and Clay Counties).*

INDICATE PILOT DISTRICTS IN WHICH YOU WISH TO MEDIATE FAMILY CASES UPON PARTY SELECTION:

- All Pilot Districts
- Select Pilot Districts *(Review the attached map and list districts below.)*

INDICATE PILOT DISTRICTS IN WHICH YOU ARE WILLING TO ACCEPT COURT APPOINTMENTS TO MEDIATE FAMILY CASES:

- All Pilot Districts
- Select Pilot Districts *(Review the attached map and list districts below.)*

Date	Name (Type Or Print)	Signature
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