Name of Applicant:	
Name of Applicant.	

## OFFICE OF THE EXECUTIVE SECRETARY OF THE SUPREME COURT OF VIRGINIA

## CHECKLIST – JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT

**NOTE:** This form must be attached to the ADR-1000A Application for Mediator Certification. It may not be submitted independently. For additional information on any item in the sections of this form, please refer to the *Guidelines for the Certification and Training of Court-Referred Mediators*.

Section 1. Recipro	city		
for the analogous Virg	ediation training, or currently practice as a ninia certified training. Waivers of any requir cation for Mediator Certification.		
•	raiver for any of the requirements to becom be attached to the application.	e a JDR mediator?	[ ] Yes [ ] No
			1
Section 2. Certified Please list training received	Training and attach ADR 1006 (Trainee Evaluation Form) to this	application.	
	s Training (20 hours minimum) evious two years and before observations and co-medi	ntions. Waived for Virginia Certified Mediat	ors
DATE COMPLETED	TRAINER NAME(S)	TRAINING PROVIDER	
	ills Training (20 hours minimum)		
Must be taken after Basic M	lediation Skills Training and before observations and co	-mediations.	
DATE COMPLETED	TRAINER NAME(S)	TRAINING PROVIDER	
-	ems Training (4 hours minimum) I Mediators and VSB members in good standing – certi,	ication number and/or Bar Number must b	e noted on ADR-1000A.
DATE COMPLETED	TRAINER NAME(S)	TRAINING PROVIDER	
Screening for and De	ealing with Domestic Abuse in Mediation	n Training (8 hours minimum)	
DATE COMPLETED	TRAINER NAME(S)	TRAINING PROVIDER	
Section 3. Mentors	ship		
	olete family mediations with a JDR mentor or attend ar oservation course may be substituted for only one obse		rvation course. A
DATE COMPLETED	MENTOR / TRAINER NAME	OBSERVATION TYPE (check one)	
		[ ] Observation of Live Mediat	
		[ ] 4 Hour JDR Observation Co	
		[ ] 8 Hour JDR Observation Co	urse (ADR-1006)
		[ ] Observation of Live Mediat	ion (ADR-1007)

Name of Applicant:	

COMEDIATION	DATE COMPLETED	HOURS	MENTOR NAME	
1.				
2.				
3.				
4.				
5.				
3.3. Co-mediated Agreement			DATE COMPLETED	
	least one Memorandum of A	greement / Understandin	g for which you served as	
3.4. Child Support Worksheet			DATE COMPLETED	

## **REMINDERS**

- Please be sure all forms are signed by the appropriate parties indicated, including yourself.
- You may be requested to complete additional training or co-mediations, depending on the feedback from your mentors.
- Attach at least one memorandum of agreement / understanding that reflects experience obtained in custody and visitation. One child support worksheet must also be attached.