CHILD CUSTODY AND VISITATION MEDIATOR REGISTER APPLICATION

INFORMATION

- Name: _____

- Address: _____

  _____

  _____

- Telephone No.   Office: ( ) _____

  Fax: ( ) _____

  Home: ( ) _____

  Email: _____

- Educational Background:

- Current Occupation:
- LSBA Bar No. (If Attorney):

- Employment Experience:

- Child Custody and Visitation Mediation Experience:
  I have participated in _____ mediations *as a mediator*.
  Types of Cases:

- Professional Activities:

- Fee Schedule:

CHILD CUSTODY AND VISITATION MEDIATOR QUALIFICATIONS (LA. R.S. 9:334)

_____ I possess a college degree <u>and</u> have completed a minimum of 40 hours of general mediation training <u>and</u> 20 hours of specialized training in the mediation of child custody disputes <u>and</u> 8 hours of co-mediation training.

OR

_____ I hold a license or certification as an attorney, psychiatrist, psychologist, social worker, marriage and family counselor, professional counselor, or clergyman <u>and</u> I have completed a minimum of 12 hours of general mediation training <u>and</u> 20 hours of specialized training in the mediation of child custody disputes <u>and</u> 8 hours of co-mediation training.

DETAILS OF QUALIFICATIONS UNDER LA. R.S. 9:334

- Include names of mediation training providers, places and dates of training, and number of training hours.
- Attach either a certificate of completion of mediation training, a letter of completion from the mediation provider or your Louisiana State Bar Association (LSBA) transcript stating the amount of completed hours form mediation training.

FEES FOR INCLUSION IN THE REGISTRY ARE $100 THE FIRST YEAR AND $50 EVERY TWO YEARS THEREAFTER. RENEWAL NOTICES ARE SENT YEARLY TO ALL LISTED MEDIATORS. CHECKS SHOULD BE MADE OUT TO 'LSBA-ADR SECTION' AND MAILED WITH THIS APPLICATION AND PROOF OF QUALIFICATIONS AND HOURS TO THE ADDRESS BELOW:
Christine A. Richard LA Mediator Registry phone: 504-619-0105 toll-free: 1-800-421-5722 email: crichard@lsba.org 601 St. Charles Avenue, New Orleans, LA 70130

I certify that the information contained in this application is accurate.

_____
SIGNATURE

_____
date