



6. Please list any facilitative mediation training you have successfully completed:

Session	Sponsor	Location	Dates	Hours
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7. Have you ever served as a facilitative mediator? \_\_\_\_\_ If yes, approximately how many disputes/cases have you mediated:

prior to the filing of a lawsuit	_____
in federal court	_____
in state court	_____

8. What is the hourly rate you intend to charge for your services as a facilitative mediator (good through 12/31 of the current year): \$ \_\_\_\_\_

I hereby certify that I agree to the conditions for service as a mediator in the Western District of Michigan, as set forth in W.D. Mich. LCivR 16.3.

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

\_\_\_\_\_  
(Signature)

Attach any copies of certificates of completion of training and mail to:

ADR Administrator  
United States District Court  
399 Federal Building  
110 Michigan St., NW  
Grand Rapids, MI 49503