

UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MICHIGAN

VOLUNTARY FACILITATIVE MEDIATION MENTORSHIP COMPLETION FORM



MENTEE CONTACT INFORMATION

NAME: _____
FIRM: _____
BUSINESS ADDRESS: _____
PHONE: _____
EMAIL: _____

MEDIATION CASE INFORMATION

COURT NAME: _____
CASE NUMBER: _____
DATES OF PARTICIPATION: _____

Please summarize what you have learned from this experience:

MENTEE'S SIGNATURE: _____ DATED: _____

I hereby acknowledge that _____ assisted or observed me in
mediating the above-referenced case.
[MENTEE'S NAME]

MENTOR'S NAME: _____

MENTOR'S SIGNATURE: _____ DATED: _____