

**DOMESTIC RELATIONS DIVISION
COURT CERTIFIED MEDIATORS
CONTINUING LEGAL EDUCATION REPORTING FORM**

Pursuant to General Order 14 D 4, Court-Certified Mediators must complete a minimum of nine (9) hours of continuing legal education every two (2) years as set forth below:

A. At least 4.5 hours must relate to Family Mediation Process and Skills including but not limited to:

- Domestic Violence and Other Impediments to Mediation;
- High -conflict cases;
- Developing and modifying parenting arrangements and responsibilities;
- Professional standards and ethics for family mediators;
- Conflict resolution theory and process in family mediation.

B. Up to 4.5 hours of courses in areas related to Family Law or Mental Health Education including but not limited to:

- Psychological and developmental aspects, family dynamics, and the impact of conflict on children, adults and families;
- Financial and legal aspects of family, divorce and parentage cases;
- Process implications related to gender, culture and diversity.

C. Attendance at the Domestic Relations Division's Child Representative Seminars may be used to fulfill the requirements under either A or B of this section.

D. Reporting Period

- Mediators shall report their hours by completing the Domestic Relations Division Continuing Education Report Form for Mediators that can be found on Cook County Circuit Court website. Mediators must also attest to having current mediator malpractice coverage.
- The two-year reporting period ends June 30th of every even year. For the mediator's first reporting period, the required hours will be pro-rated based on the number of full months since the mediator's placement on the court-certified list.

FAMILY MEDIATION PROCESS AND SKILLS (AT LEAST 4.5 HOURS):

Date of Seminar: _____ Name of Seminar: _____

Seminar Service Provider: _____

Number of Hours: _____

Date of Seminar: _____ Name of Seminar: _____

Seminar Service Provider: _____

Number of Hours: _____

FAMILY LAW OR MENTAL HEALTH EDUCATION (AT LEASE 4.5):

Date of Seminar: _____ Name of Seminar: _____

Seminar Service Provider: _____

Number of Hours: _____

Date of Seminar: _____ Name of Seminar: _____

Seminar Service Provider: _____

Number of Hours: _____

DOMESTIC RELATIONS DIVISION CHILD REPRESENTATIVE SEMINARS:

Date of Seminar: _____ Name of Seminar: _____

Seminar Service Provider: _____

Number of Hours: _____

Date of Seminar: _____ Name of Seminar: _____

Seminar Service Provider: _____

Number of Hours: _____

I ATTEST THAT I HAVE ATTENDED THE ABOVE REFERENCED SEMINARS AND MAINTAIN MEDIATOR MALPRACTICE COVERAGE.

X _____ Date: _____

PLEASE ATTACH ANY ADDITIONAL SEMINARS.