

**INDIANA ASSOCIATION OF MEDIATORS, INC.
APPLICATION FOR INCLUSION
ON THE MEDIATION REFERRAL SERVICE**

Name: _____

Address: _____

Office Phone: _____ Fax Number: _____

E-Mail: _____

Attorney or Mediator Number: _____

This is: an initial application for MRS listing, or a renewal of a prior listing on the MRS

For new applicants, list the schools of higher education from which you have graduated:

Name of School	Years Attended	Degree
_____	_____	_____
_____	_____	_____

For new applicants - I have completed the following mediation courses and received _____ hours of mediation training. Please state the name(s) of the course(s) and whether the course(s) has/have been certified by ICLE Commission.

What is your profession (i.e. Lawyer, Mental Health Professional, Social Worker, etc.)

I am competent and willing to accept cases from the mediation referral service in the following categories: Civil Mediation Domestic Mediation Reconciliation Other (describe below)

Please give a brief (50 words or less) description of your practice and experience. This information may be posted along with your other information on the IAM website and may also be given to anyone who requests information when they call the referral line.

Please complete this Application and the Agreement for Inclusion on the Mediation Referral Service and mail to:

Indiana Association of Mediators
C/O Rick Wacker, Membership Coordinator
15280 Charbono St.
Fishers, IN 46037