Application for Placement on Court Roster as Criminal Mediator

(I.C.R. 18.1 and I. J.R. 12.1)

Name:			
Mailing Address:			
City:	County:	State:	Zip:
Telephone:			
E-Mail Address:			
Indicate the judicial districts	or counties in which yo	u are willing to	mediate cases:
	Criminal Mediation T	raining	
Name of Course:			
Place and date of training: _			
Number of Hours:			
Name of Course:			
Place and date of training: _			
Number of Hours:			
Signature:			

Please send to:

Idaho Supreme Court
Administrative Director of the Courts
451 West State Street
P.O. B ox 83720
Boise, ID. 83720-0101