

11th Judicial District – District Court
REQUEST FOR ADDITION TO LIST OF APPROVED
NON-CERTIFIED FFMS MEDIATORS

<i>Name:</i>	<i>Firm:</i>
<i>Mailing address:</i>	<i>Office Phone:</i>
	<i>Office Fax:</i>
<i>City/State/Zip Code:</i>	<i>Email:</i>

Directions: Complete and forward the original to Chief District Court Judge, POB 811, Smithfield, NC 27577

Check all that apply:

I would like to do FFMS mediation in the following 11th Judicial District counties:

- Harnett Johnston Lee

I certify that: *(Check all that apply)*

<input type="checkbox"/>	I hold a masters or doctorate degree in psychology, law, social work, counseling, medicine, or a related subject area. <i>Degree, school, year:</i>
<input type="checkbox"/>	I have at least five (5) years of related professional post-degree experience.
<input type="checkbox"/>	I hold a current license in my area of practice. <i>Area:</i> <i>Lic. No.</i>
<input type="checkbox"/>	I have attached a copy of my current resume or curriculum vitae.
<input type="checkbox"/>	I understand that the Chief District Court Judge can remove my name from this list at any time.
<input type="checkbox"/>	I will keep the Chief District Court Judge's office informed of any changes in my contact information.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

<i>Date:</i>	<i>Signature:</i>
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REVIEW BY CHIEF DISTRICT COURT JUDGE

<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Denied</i>	By: _____
Date: _____		Albert A. Corbett, Jr., Chief District Court Judge
Copy mailed to applicant on _____ by _____, TCC.		
Copy faxed to _____ County Clerk of Court on _____, by _____, TCC.		