



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Family Mediator Certification
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

Family Mediator Certification Board
Intern's Case Summary Form

Instructions: Please print or type.
Submit a separate form for each case.

1. Applicant full name _____
2. The number or letter assigned to this case in Initial Application, Part 1, Question 10 _____
3. The date(s) this case was mediated _____
Months/Day/Year
4. Techniques used to screen for domestic violence _____

5. Parties were:
 _____ Married to each other. Years of marriage _____
 _____ Formerly married to each other.
 _____ Never married to each other.
6. Ages of children (if any) _____
7. Issues of this case (check all that apply)

_____ decision-making	_____ house
_____ basic parenting schedule	_____ house contents
_____ holiday/vacation schedule	_____ other real estate
_____ child support/expenses for children	_____ retirement benefits
_____ tax exemptions	_____ debts
_____ alimony	_____ other property division issues
_____ health/life insurance	_____ other issues _____

8. Mediation Format used for mediation of this case
 _____ Co-mediation with Intern Supervisor _____ Solo mediation with Supervisor present

9. Name of Internship Supervisor (*Note: your supervisor must submit an Intern Evaluation Form for this case.*)

10. Attach a separate piece of paper to this page on which you provide a synopsis of this case, in 50 words or less, discussing factual or human factors that made it challenging or rewarding or both.
11. If attaching one or more mediated agreement from this case, label with number or letter from Question 2 above and redact information identifying the parties.