

THE STATE OF NEW HAMPSHIRE
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.
 Same sex partners.
6. Ages of children (if any) _____
7. Issues of this case (check all that apply)

<input type="checkbox"/> decision-making	<input type="checkbox"/> house
<input type="checkbox"/> basic parenting schedule	<input type="checkbox"/> house contents
<input type="checkbox"/> holiday/vacation schedule	<input type="checkbox"/> other real estate
<input type="checkbox"/> child support/expenses for children	<input type="checkbox"/> retirement benefits
<input type="checkbox"/> tax exemptions	<input type="checkbox"/> debts
<input type="checkbox"/> alimony	<input type="checkbox"/> other property division issues
<input type="checkbox"/> health/life insurance	<input type="checkbox"/> 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.