

**APPLICATION FOR TENNESSEE ADRC APPROVAL OF  
16-HOUR DOMESTIC VIOLENCE TRAINING COURSE  
Pursuant to Rule 31 (14)(f)**

Please return this form with the required enclosures via email to :

Programs Manager  
Alternative Dispute Resolution Commission  
511 Union St., Ste. 600  
Nashville, TN 37219.  
(615) 741-2687  
[adrregistration@tncourts.gov](mailto:adrregistration@tncourts.gov)

**Program Information**

Program Name:

Program Date(s) [if new trainers or syllabi are used, update information with Programs Manager]:

Program Site(s):

Sponsor Name:

Address of Sponsor:

Contact Person:

E-mail:

Telephone:

Fax:

Maximum number of participants per training program

**Facilitator Information**

Please attach a resume for each trainer.

Primary Trainer(s)

Name(s):

Listed as Rule 31 Mediator:  Yes     No

If no, please list the training provider, the dates, and the number of hours of training this trainer(s) received.

\_\_\_\_\_  
Please describe your history as a mediator. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
How many mediations have you conducted within the last twelve (12) months? \_\_\_\_\_

Assistant Trainer(s)

Name(s): \_\_\_\_\_

Listed as Rule 31 Mediator:  Yes  No

If no, please state the dates, the training provider, and the number of hours of training this trainer(s) received.

\_\_\_\_\_  
\_\_\_\_\_  
Please describe your mediation training experience and any other training experience . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Please describe your history as a mediator . \_\_\_\_\_

\_\_\_\_\_  
How many mediations have you conducted within the last twelve (12) months? \_\_\_\_\_

**Curriculum Information**

What procedure will be instituted to ensure participants attend the entire session?

\_\_\_\_\_  
\_\_\_\_\_  
Teaching techniques utilized during training programs will include (please check all that apply):

\_\_\_\_\_ lecture                      \_\_\_\_\_ group discussion                      \_\_\_\_\_ readings

\_\_\_\_\_ written exercises      \_\_\_\_\_ mediation simulation  
 \_\_\_\_\_ other (please describe): \_\_\_\_\_

**AGENDA SUMMARY**

Has this program been approved by the Continuing Legal Education Commission?      Yes      No  
 If yes, for how many hours is it approved? \_\_\_\_\_

Refer to your syllabus to indicate how many hours are provided in distinct lectures and exercises for the following topics.

Hours, Reference to Syllabus (e.g., time and page #)	Topic
	Rule 31, Appendix A review
	Definitions and Forms of DV/Abuse including Recognizing Signs and Symptoms of Abuse and Profiles of both Abusers and Victims
	Mediation Intake Screening Processes for Mediations with Domestic Violence Issues
	Safety Assessments/Safety Planning
	Mediating With Domestic Violence Issues
	How Mediating cases with DV issues differs from mediating other cases
	What Mediators should and should not do given the differences
	Maintaining Control of Mediation during Mediation with Domestic Violence Issues
	Concepts of and Techniques for Dealing with Anger
	Ethical dilemmas Arising in Mediations with Domestic Violence Issues
	Special Considerations for Drafting Safe, Effective Parenting Plans
	Effects of Domestic Violence on Children and Confidentiality as it relates to child and spousal abuse
	Attorney's role/representation in mediations with domestic violence
	How and When to Safely Terminate a Mediation where DV has been involved
	Community Resources

Total Number of Training Hours on the Agenda (including role plays): \_\_\_\_\_

Additional Comments on the training program: \_\_\_\_\_

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**CHECKLIST**

The following materials must accompany your application:

- Complete Syllabus
- Bibliography of Required Readings
- Summary of Course Materials
- Summary of Each Trainer's Qualifications
- Copy of Evaluation form to be used by participants
- This form.

**VERIFICATION OF APPLICATION**

I hereby certify that the application submitted for approval by the Alternative Dispute Resolution Commission for 16 hour domestic violence training is accurate and complete.

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Date

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Signature of Training Program Sponsor