

State of Missouri)
) ss.
County of _____)

AFFIDAVIT OF DOMESTIC VIOLENCE TRAINING

I, _____ (mediator name), do hereby certify and affirm:

1. That I have read and reviewed the M.A.R.C.H. Mediation Policy Manual, including M.A.R.C.H. Policy on Domestic Violence.
2. I have completed at least 8 hours of training and/or education related to recognition of, treatment, and intervention with domestic violence training which complies with the M.A.R.C.H. Policy on Domestic Violence.

Mediator Signature

Name: _____

Address: _____

Phone: _____

Email: _____

STATE OF MISSOURI)
)ss.
COUNTY OF _____)

_____, of lawful age, having been first duly sworn, on oath, states that s/he is the Affiant described in the foregoing document, that s/he has read the same, and that the facts stated therein are true and correct to the best of his/her knowledge and belief.

_____ Mediator

Subscribed and sworn to before me, a Notary Public this ____ day of _____, 202__.

_____ Notary Public

My Commission Expires: _____