



COURT MANAGEMENT PROGRAM
Admission Form
Institute for Court Management

Name: _____
 Position: _____
 Court/Organization: _____
 Address: _____
 City: _____ State _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

To whom do you report directly?

Name: _____
 Position: _____

In what type of court/organization do you work?

- | | |
|---|---|
| <input type="checkbox"/> Appellate Court | <input type="checkbox"/> Limited Jurisdiction Trial Court |
| <input type="checkbox"/> State Administrative Office | <input type="checkbox"/> Juvenile Court |
| <input type="checkbox"/> General Jurisdiction Trial Court | <input type="checkbox"/> Other (please specify) _____ |

✓	What Level One CMP Courses Have You Attended? (CCM)	✓	What Level Two CMP Courses Have You Attended? (CCE)
	Court Performance Standards: <i>CourTools</i>		Court Community Communication
	Fundamental Issues of Caseflow Management		Education, Training & Development
	Managing Court Financial Resources		Essential Components
	Managing Human Resources		High Performance Courts
	Managing Technology Projects & Technology Resources		Leadership
	Purposes & Responsibilities of Courts		Visioning & Strategic Planning

Signature _____
Date

Please return this admission form to:
 National Center for State Courts
 Institute for Court Management
 300 Newport Avenue
 Williamsburg, Virginia 23185-4147
 Attn: ICM Registrar
 800-616-6160 • 757-564-2100 (fax)
 E-mail: icmregistrar@ncsc.org