

Request for Inclusion on the Parenting Coordinator List

Name: _____ Practice/Firm Name: _____

Address: _____ Phone: _____ Fax: _____

_____ Email: _____

THIS SECTION MUST BE COMPLETED FOR INCLUSION

I certify the following: **(Check all that apply)**

- I hold a masters or doctorate degree in psychology, law, social work, counseling, medicine, or a related subject area.
Degree (*specify in which area*): _____
University/College: _____
Year Obtained: _____
- I have at least five years of related professional post-degree experience.
- I hold a current license in my area of practice.
Area of Practice: _____
License Number: _____
Not Applicable (*list why*): _____
- I have attached a copy of my current resume or curriculum vitae.
- I have completed 24 hours of training in topics related to the developmental stages of children, the dynamics of high-conflict families, the stages and effects of divorce, problem solving techniques, mediation, and legal issues.
- I have attached documentation that clearly indicates that the above 24 hours of training requirement has been satisfied (e.g. list the trainings, dates, hours, and locations).
- I agree to attend parenting coordinator seminars that provide continuing education, group discussion, and peer review and support.
- I understand, that per HB Section 50-93, I must attend parenting coordinator seminars that provide continuing education, group discussion, and peer review and support to remain eligible to serve as a Parenting Coordinator.
- I will keep the Family Court Office informed of any changes in my contact information.
- I will provide the Family Court Administrator with information on my parenting coordination fee schedule, including any rate changes.

- I will contact the Family Court Office if I become ineligible to continue to serve as a Parenting Coordinator.
- I understand that the Chief District Court Judge will remove my name from the Parenting Coordinator List if I become ineligible to continue to serve as a Parenting Coordinator.

This the _____ day of _____, 20_____.

(Signature)_____

For use by the District Court Judges' Office Only:

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Approved

Denied:

Chief District Court Judge (or designee)

Date: _____