



PARENT COORDINATOR APPLICATION

FIFTH JUDICIAL CIRCUIT
When Completed please mail

to:

**Office of the General Counsel
Hernando County Courthouse
20 N. Main Street
Brooksville, FL 34601**

Name: _____

Present Employment: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Social Security Number: _____-_____-_____ Driver License Number: _____

Date of Birth: _____ Place of Birth: _____
City & State

Languages fluent in other than English: _____

County Where Applicant Requests Court Appointments:

(Please check all that apply)

- ___ Citrus County
- ___ Hernando County
- ___ Lake County
- ___ Marion County
- ___ Sumter County

QUALIFICATIONS

PROFESSIONAL REQUIREMENT. Check all that apply and insert licensure or certification number(s):

- Licensed Mental Health Professional under Florida Chapter 490 or 491, #_____
- Physician under Florida Chapter 458 with Certification by American Board of Psychiatry and Neurology, #_____
- Florida Supreme Court Certified Family Law Mediator with at least a master's degree in a mental health field, #_____
- Member in good standing of The Florida Bar, #_____

PARENTING COORDINATOR REQUIREMENTS. Check all successfully completed:

- Three years post licensure or post certification practice in any one of the professions checked above.
- Family mediation training program certified by the Florida Supreme Court.
- Minimum of 24 hours of parenting coordination training, including:
 - Parenting coordination concepts and ethics
 - Family dynamics in separation and divorce
 - The parenting coordination process
 - High conflict divorce resolution techniques
 - Florida family law and procedure
 - Family systems theory and application
 - Child and adolescent development
 - Parenting coordination techniques

| <u>Description of Course(s) or Training</u> | <u>Date(s)</u> | <u>Name of Trainer and Entity which Sponsored or Approved Training</u> |
|---|----------------|--|
| | | |
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Minimum of 4 hours of training in domestic violence and child abuse which is related to parenting coordination.

| <u>Description of Course(s) or Training</u> | <u>Date(s)</u> | <u>Name of Trainer and Entity which Sponsored or Approved Training</u> |
|---|----------------|--|
| | | |
| | | |

I have read and am familiar with section 61.125, Florida Statutes.

I have read and am familiar with Florida Family Law Rules 12.710, 12.720, 12.730, 12.742.

I have read and am familiar with Florida Family Law Forms 12.984 and 12.998.

I have read and am familiar with the forms, rules, and procedures in this circuit pertaining to parenting coordination.

I will comply with the Americans with Disabilities Act, the Civil Rights Act of 1964, as amended, the Florida Civil Rights Act of 1992, and any other federal or state law that prohibits discrimination on the basis of race, color, national origin, religion, sex, age, marital status, or disability.

DISQUALIFICATION. Check all that apply:

Yes No Have been convicted or had adjudication withheld on a charge of child abuse, child neglect, domestic violence, parental kidnapping, or interference with custody or time-sharing?

Yes No Have been found by a court in a child protection hearing to have abused, neglected, or abandoned a child?

Yes No Have consented to an adjudication or a withholding of adjudication on a petition or dependency?

Yes No Have been or are currently a respondent in a final order or injunction of protection against domestic violence?

EXPERIENCE

COURT APPOINTMENT.

List all judicial circuits in which you are on its roster of qualified parenting coordinators: _____

Yes No Has a judicial circuit removed you from its roster of qualified parenting coordinators? If so, state circuit, date removed, and reason for the removal: _____

ADDITIONAL TRAINING. Describe any additional training relevant to your services as a parenting coordinator: _____

PROFESSIONAL EXPERIENCE.

Describe your areas of practice or specialty: _____

Describe your alternative dispute resolution experience: _____

Describe any other professional experience you have that is pertinent to your ability as a parenting coordinator, (e.g. work with parents, children, or domestic violence): _____

LOCATION AND LIMITATION

LOCATION. List any additional office locations where you can provide parenting coordination services: _____

LIMITATION.

Yes No Are you willing to work on cases with an active domestic violence injunction or a stay away order?

Yes No Are you willing to work on cases who report a history of domestic violence?

State any county in this circuit in which you are not willing to provide parenting coordinator services: _____

FEE STRUCTURE

Your hourly rate of compensation as a parenting coordinator: \$ _____.

Yes No Do you charge a retainer? If so, state the amount \$ _____.

Yes No Are you willing to accept pro bono or reduced fee appointments? If so, specify the conditions: _____

CRIMINAL HISTORY

If you answer **Yes** to any of the questions below, provide a **Separate Written Explanation and Copies of all Relevant Documentation** of each item including date, location, crime or incident & action and attach it to form.

Yes No Have you ever been found guilty or adjudicated guilty of a crime as an adult in this or any other state? Check YES, even if the adjudication of guilt or judgment was withheld or if the criminal record was sealed or expunged. (include traffic crimes, such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed).

Yes No Do you have criminal charges or warrants pending against you or are you on probation or parole in this state or any other state?

SUPPORTING DOCUMENTATION CHECK LIST Please check the following required

documents attached to your application:

- 1. Your current professional license(s) and/or Florida Supreme Court Family Mediation Certification;
- 2. Proof of completion of Supreme Court approved family mediation training;
- 3. Proof of completion of 24 hours parenting coordination training;
- 4. Proof of at least 4 hours of training on domestic violence and abuse pertinent to parenting coordination;
- 5. Authorization to Investigate and Release of Information;
- 6. Documentation of criminal history if any; and
- 7. (Optional) Any other information that you feel might be relevant as your application is reviewed. This might include a brief description of special training or experience that might enhance your performance as a parenting coordinator.

ATTESTATION

I swear/affirm that the information supplied on this application and all documents provided are correct, that to the best of my knowledge I qualify for a position as a Parenting Coordinator as defined in F.S. 61.125, and that I will notify in writing the Chief Judge or designee(s) for this judicial circuit of the following within 30 days of any such event: a) address change b) legal name change; c) change in fees; d) any criminal conviction, disqualifying event under F.S. 61.125 or any change in the status of a professional license or certification which I currently hold.

I certify that I have read, understand and agree to abide by the **Florida Rules for Parenting Coordinators** and F.S. 61.125. I understand that any omissions, falsifications, misstatements or misrepresentations of the information provided in this application, or information required to be subsequently provided, may be grounds for disqualification or dismissal.

My signature reflects my understanding that I am signing this document under oath under penalty of perjury.

Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me by _____
on _____.

NOTARY PUBLIC or DEPUTY CLERK
[Print, type, or stamp name of notary or clerk.]

___ Personally known
___ Produced identification

Type of identification produced _____

THIS COMPLETED APPLICATION AND ALL ATTACHED DOCUMENTS ON SUPPORTING DOCUMENTATION CHECK LIST MUST BE DELIVERED TO:

Mail: Office of the General Counsel
Fifth Judicial Circuit
Hernando County Courthouse
20 N. Main Street
Brooksville, FL 34601

AUTHORIZATION TO INVESTIGATE AND RELEASE OF INFORMATION

I, _____ of _____
(name) (address)

authorize the above named court to conduct a criminal history and background investigation on me. I authorize the release of information and/or documents to this court from the Florida Department of Children and Families; the Florida Department of Law Enforcement; any city, county, state and/or federal law enforcement agencies; any school; and any other entity. I release this court from any and all liability and expense associated with this investigation or release of information and/or documents.

Signature _____

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me by _____
on _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp name of notary or clerk.]

___ Personally known

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