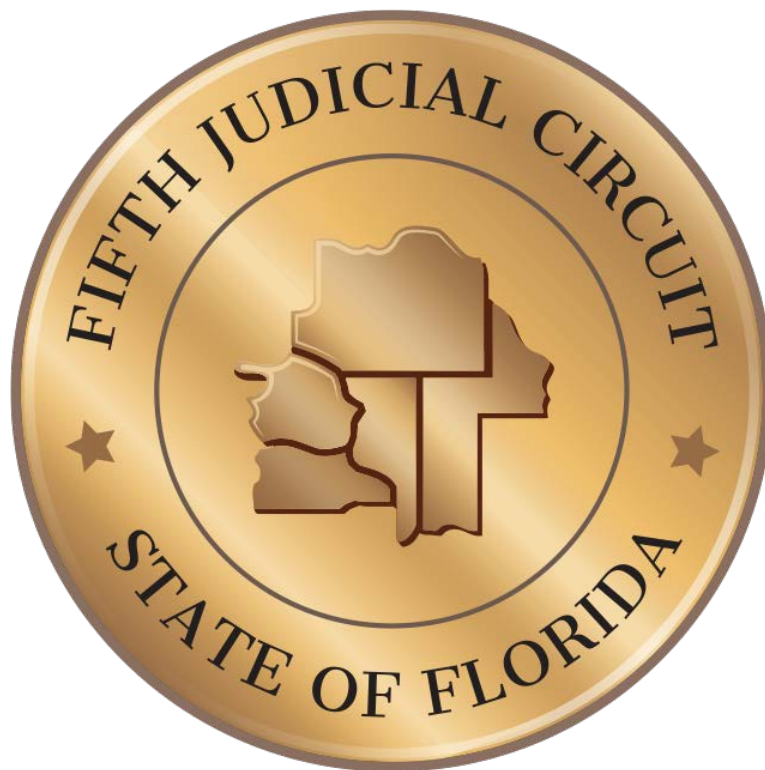


**FIFTH JUDICIAL CIRCUIT OF FLORIDA
PARENTING COORDINATOR
APPLICATION**



2020-2021

FIFTH JUDICIAL CIRCUIT OF FLORIDA PARENTING COORDINATOR



**INSTRUCTIONS: ANSWER ALL QUESTIONS
ACCURATELY, USING DARK INK OR TYPE.
PLEASE PRINT CLEARLY.**

DATE _____

PERSONAL INFORMATION IF YOUR INFORMATION HAS CHANGED, PLEASE PROVIDE UPDATED INFORMATION BELOW:

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE _____
(Work) (Cellular)

EMAIL ADDRESS _____

PROFESSIONAL INFORMATION

BUSINESS NAME _____

BUSINESS ADDRESS _____
(Street) (City) (State) (Zip)

BUSINESS TELEPHONE _____

BUSINESS EMAIL ADDRESS _____

LOCATION WHERE SERVICES WILL BE PERFORMED		
_____ Initial : CIRCUIT WIDE	_____ Initial : CITRUS COUNTY	_____ Initial : HERNANDO COUNTY
_____ Initial : LAKE COUNTY	_____ Initial : MARION COUNTY	_____ Initial : SUMTER COUNTY

LIMITATION:

ARE YOU WILLING TO WORK ON CASES WITH AN ACTIVE DOMESTIC VIOLENCE INJUNCTION OR STAY AWAY ORDER:

_____: YES _____: NO

ARE YOU WILLING TO WORK ON CASES THAT REPORT A HISTORY OF DOMESTIC VIOLENCE?

_____: YES _____: NO

FEE STRUCTURE

WHAT IS YOUR HOURLY RATE AS A PARENTING COORDINATOR? _____

DO YOU REQUIRE A RETAINER? _____

IF YES, AMOUNT OF THE RETAINER. _____

ARE YOU WILLING TO ACCEPT PRO BONO OR REDUCED FEE APPOINTMENTS? _____

IF YES, PLEASE SPECIFY CONDITIONS: _____

PROFESSIONAL REQUIREMENT

PLEASE SELECT ALL THAT APPLY- PROVIDE A COPY OF LICENSE OR PROOF OF DEGREE

Initial LICENSED MENTAL HEALTH PROFESSIONAL UNDER FLORIDA STATUTES SECTIONS 490 OR 491.

FLORIDA LICENSE NO.: _____

Initial LICENSED PHYSICIAN UNDER FLORIDA STATUES SECTION CHAPTER 458, WITH CERTIFICATION BY AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY,

FLORIDA LICENSE NO.: _____

Initial FLORIDA SUPREME COURT CERTIFIED FAMILY LAW MEDIATOR WITH AT LEAST A MASTER’S DEGREE IN A MENTAL HEALTH FIELD,

FLORIDA LICENSE NO.: _____

Initial MEMBER IN GOOD STANDING OF THE FLORIDA BAR

FLORIDA BAR NO.: _____

PARENTING COORDINATOR REQUIREMENTS:

Initial : THREE YEARS POST LICENSURE OR POST CERTIFICATION PRACTICE IN ANY ONE OF THE PROFESSIONS ABOVE;

Initial : FAMILY MEDIATION TRAINING PROGRAM CERTIFIED BY THE FLORIDA SUPREME COURT

Initial : MINIMUM OF TWENTY-FOUR (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

PROFESSIONAL EXPERIENCE:

DESCRIBE AREAS OF PRACTICE OR SPECIALTY:

DESCRIBE ALTERNATIVE DISPUTE RESOLUTION EXPERIENCE:

DESCRIBE ANY PROFESSIONAL EXPERIENCE THAT IS PERTINENT TO YOUR ABILITY AS A PARENTING COORDINATOR:

ADJUDICATION:

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, PROVIDE A SEPARATE WRITTEN EXPLANATION AND COPIES OF ALL RELEVANT DOCUMENTATION FOR EACH ITEM.

_____: HAVE YOU BEEN CONVICTED OR HAD AN ADJUDICATION WITHHELD ON A CHARGE OF CHILD ABUSE, CHILD NEGLECT, DOMESTIC VIOLENCE, PARENTAL KIDNAPPING, OR INTERFERENCE WITH CUSTODY OR TIME-SHARING?

_____: HAVE YOU BEEN FOUND BY A COURT IN A CHILD PROTECTION MATTER TO HAVE ABUSED, NEGLECTED, OR ABANDONED A CHILD?

_____: HAVE YOU CONSENTED TO AN ADJUDICATION OR A WITHHOLDING OF ADJUDICATION ON A PETITION OF DEPENDENCY?

_____: HAVE YOU BEEN OR ARE YOU CURRENTLY A RESPONDENT IN A FINAL ORDER OF INJUNCTION FOR PROTECTION AGAINST DOMESTIC VIOLENCE?

_____: HAVE YOU EVER BEEN FOUND GUILTY OR ADJUDICATED GUILTY OF A CRIME AS AN ADULT IN FLORIDA OR ANY OTHER STATE?

_____: HAVE YOU HAD AN ADJUDICATION OF GUILT OR JUDGMENT WITHHELD IN FLORIDA OR ANY OTHER STATE?

ATTESTATION

I SWEAR/AFFIRM THE INFORMATION SUPPLIED ON THIS RENEWAL APPLICATION AND ALL DOCUMENTS PROVIDED IS CORRECT, THAT I REMAIN QUALIFIED TO SERVE AS A PARENTING COORDINATOR AS DEFINED IN SECTION 61.125 OF THE FLORIDA STATUTES.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE **FLORIDA RULES FOR PARENTING COORDINATORS** AND SECTION 61.125 OF THE FLORIDA STATUTES. I UNDERSTAND ANY OMISSIONS, FALSIFICATIONS, MISSTATEMENTS OR MISREPRESENTATIONS OF THE INFORMATION PROVIDED IN THIS APPLICATION OR INFORMATION REQUIRED TO BE SUBSEQUENTLY PROVIDED MAY BE GROUNDS FOR REMOVAL OF MY NAME FROM THE PARENTING COORDINATOR LIST FOR THE FIFTH JUDICIAL CIRCUIT.

I UNDERSTAND I MUST NOTIFY THE FIFTH JUDICIAL CIRCUIT IN WRITING WITHIN THIRTY (30) DAYS OF ANY CHANGE IN MY CONTACT INFORMATION, LEGAL NAME CHANGE, CHANGE IN FEES, ANY CRIMINAL CONVICTION, ADJUDICATION, WITHHOLDING OF CONVICTION OR ADJUDICATION, ANY DISQUALIFICATION UNDER SECTION 61.125 OF THE FLORIDA STATUTES, OR ANY CHANGE IN THE STATUS OF A PROFESSIONAL LICENSE OR CERTIFICATION WHICH I CURRENTLY HOLD.

MY SIGNATURE REFLECTS MY UNDERSTANDING I AM SIGNING THIS DOCUMENT UNDER PENALTY OF PERJURY.

SIGNATURE

DATE

PRINT NAME

MAIL RENEWAL APPLICATION TO:

PETER SPANOS
ALTERNATIVE DISPUTE RESOLUTION DIRECTOR
20 N. MAIN STREET
BROOKSVILLE, FL 34601

OR VIA EMAIL

PSPANOS@CIRCUIT5.ORG