



APPLICATION FOR APPROVAL FOR LISTING ON SONOMA COUNTY SUPERIOR COURT PARENT COORDINATOR PANEL

Name (last, first, middle initial)

Telephone Number

State Bar Number or Professional License
(type and number)

Occupation (if not an attorney)

Mailing address

Fax/Cellular Telephone Number

City State Zip

Email Address

Please complete the following questionnaire, and provide required information as listed.

1. I have capabilities in the following languages:

Explain degree of fluency: _____

2. Years of practice in

- Law _____
- Counseling _____
- Other _____

3. Are you a Family Law Specialist? Yes No
Are you a licensed mental health counselor? Yes No
If so, what is your area of practice? _____

4. Have you ever acted as a Parent Coordinator under appointment of a court? Yes No
If so, please state how many times, when and the nature of your assigned duties _____

5. Are there any disciplinary proceedings pending against you? Yes No

6. Have you been previously disciplined? Yes No



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If your answer to 5 and/or 6 is yes, please explain (in the alternative, you may make an appointment with the Supervising Family Law Judge to explain privately): _____

7. Have you attended a Parent Coordinator Training? Yes No
Name of training and where (attach program if available):

8. Attorneys or counselors seeking court approval are required to meet the following standards. Please mark the appropriate boxes:

- Attorney for at least ten (10) years during which time at least 70% of practice devoted to family law, with substantial emphasis in child custody cases;
- Counselor/mental health professional for at least ten (10) years during which 50% of practice has been devoted to counseling or mediating child custody cases;
- Maintain professional liability insurance to cover parent coordinator work;
- Completion of training/seminars/workshops sponsored by the Sonoma County Superior Court and SCBA Family Law Section or any other court-sponsored training, etc., for parent coordinator.

9. Please list other recent (within five (5) years) professional training, experience, professional affiliations which are relevant to performing parent coordinator:

| <u>Program title</u> | <u># of hours</u> | <u>Dates</u> | <u># of hours completed</u> |
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10. In order to maintain eligibility for court referrals, you must agree to comply with the following if requested:
- a. Acknowledge requirement to maintain current license and professional liability insurance. Yes No
 - b. Participate in minimum continuing education. Yes No
 - c. Agree to provide itemized billing if requested by either party or Court. Yes No
 - d. Agree to report to the Supervising Family Law Judge, in writing:
 - a) Initiation of any disciplinary proceedings within five (5) days of actual knowledge of such proceeding, including basis of the complaint;
 - b) The result of any such disciplinary proceeding; and
 - c) Notice of suspension of your license. Yes No

I certify that all statements made on this application for initial approval or renewal to the Family Law Parent Coordinator Panel are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statement may result in my disqualification from the selection process.

I understand that if I am approved or renewed to the Panel, I will be required to abide by all rules, regulations, and policies of the Court with respect to the Family Law Parent Coordinator Panel. I further recognize that the Court may revise these rules, regulations and policies at any time.

I declare under penalty of perjury that all information I have provided is correct.

Signature

Date

Print name