

<p>Mail Application to: Probate and Family Court Administrative Office John Adams Courthouse One Pemberton Square Mezzanine Boston, MA 02108</p>	<p style="text-align: center;">APPLICATION to the Probate and Family Court Department for Appointment Category V PARENTING COORDINATOR</p>	<p style="text-align: right;"><i>FOR COURT USE ONLY</i></p> <p>Initial Review</p> <p>Approved</p> <p>Entered</p>
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Name: _____

Firm/Organization Name: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

B.O.R./BBO. Number: _____ Website: _____

Proficient in the following languages: _____

Special experience/expertise (optional): _____

I am

- A. an attorney licensed to practice in Massachusetts since _____ (date) and have at least four years of related professional experience since licensure in Massachusetts. I certify that I remain in good standing to practice before the courts of the Commonwealth of Massachusetts, and that I have not been convicted of any felony.
- B. a licensed psychiatrist C. a licensed psychologist D. a licensed independent clinical social worker with at least two years of related professional experience since licensure in Massachusetts. I certify that I have been licensed since _____ (date), that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.
- E. a licensed marriage and family therapist F. a licensed mental health counselor with at least four years of related professional experience since licensure in Massachusetts. I certify that I have been licensed since _____ (date), that I remain in good standing with said Board of Registration, and that I have not been convicted of any felony.

My current hourly rate is \$ _____ .

I currently have professional liability insurance coverage of \$100,000 or more. A copy of the insurance binder indicating the date and amount of coverage is included with this application.

I request and will accept appointments from the following (**maximum of four**) divisions of the Probate and Family Court Department:

- Barnstable Berkshire Bristol Dukes Essex Franklin Hampden
 Hampshire Middlesex Nantucket Norfolk Plymouth Suffolk Worcester

Prior to submitting this application, I certify that I have completed the following training:

- * at least thirty (30) hours of training in a mediation training program: AND
- * at least six (6) hours of training in intimate partner abuse and family violence dynamics to be established by the Probate and Family Court in conjunction with the Trial Court; AND
- * at least thirty-five (35) hours of accredited speciality training in topics related to parenting coordination, including but not limited to any mandatory training established by the Administrative Office of the Probate and Family Court, the role of the parenting coordinator in Massachusetts, the role of the parenting coordinator generally, communication, conflict management and dispute resolution skills, developmental stages of children, dynamics of high-conflict families, parenting skills, problem-solving techniques, and parenting in separate households.

I am currently on the Category E and/or Category F fee-generating appointment list(s).

WITH THIS APPLICATION, I AM SUBMITTING THE FOLLOWING:

- a copy of my resumé or *curriculum vita*;
- a copy of my insurance binder; and
- a certificate of good standing, dated within the past 30 days, from the Board of Registration that issues my license; and
- documentation of completion of all required training.

If this application is APPROVED, I understand that:

1. When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
 2. If I am appointed as parenting coordinator and a person with an appearance in the case requests a certificate of my professional liability insurance, I will provide the certificate within seven (7) days of such request.
 3. To remain on this list for appointments, I understand that I am required to attend, on an annual basis, a minimum of six (6) hours of continuing education approved by the Administrative Office of the Probate and Family Court in one or more of the specialty training topics listed above which appear in the standing order and in relevant domestic relations case law and statutes, or in a training topic established by the Administrative Office of the Probate and Family Court. **This continuing education requirement is separate and distinct from the continuing education requirements for other fee generating appointment categories.**
- I agree that the Administrative Office may access a CARI (Criminal Activity Record Information) report. I understand that this is required as a condition of my inclusion on the fee generating appointment list and, that the report will be kept confidential at the Probate and Family Court Administrative Office.

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature