



APPLICATION - Category V

For appointment as:
PARENTING COORDINATOR

Massachusetts Trial Court Probate and Family Court

Email Application Package to:
pandf.feegenerating@jud.state.ma.us

First Name:

Middle Name:

Last Name:

Firm/Business Name, if any:

Email Address:

Mailing Address:

Website Address:

Mobile Telephone Number:

Office Telephone Number:

Board of Registration Number:

Proficiency in languages other than English (optional):

Special experience/expertise (optional):

I certify that I am:

- ☐ A. an attorney licensed to practice in Massachusetts since _____ with at least four years of related professional experience since licensure in Massachusetts.
- ☐ B. a licensed psychiatrist ☐ C. a licensed psychologist ☐ D. a licensed independent clinical social worker
licensed since _____ with at least two years of related professional experience
since licensure in Massachusetts.
- ☐ E. a licensed marriage and family therapist ☐ F. a licensed mental health counselor
licensed since _____ with at least four years of related professional experience since licensure in
Massachusetts.

☐ I certify that I have not been charged with or arrested for any felonies. (If you cannot certify, please explain here.)

☐ I certify that I have not been the subject of any complaints to my licensing board(s). (If you cannot certify, please explain here.)

☐ I certify that I have not been the subject of any complaints filed with the Administrative Office of the Probate and Family Court pursuant to Uniform Practice I. Removal From Fee Generating Appointment List. (If you cannot certify, please explain here.)

I WILL accept appointments from the following (up to four) divisions of the Probate and Family Court Department:

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

My current hourly rate is \$

If this application is APPROVED, I understand that:

- ☐ When I am appointed by the Court, I may not delegate any aspect of that appointment to anyone else.
- ☐ If I am appointed as a 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 7 days of such request.
- ☐ I must attend a mandatory training before my name is added to the fee generating list.
- ☐ To remain on this list for appointments, I am required to attend, on an annual basis, the mandatory training set forth by the Administrative Office of the Probate and Family Court Department. I understand that if I have not emailed the necessary documentation by the required date of each year, I will be removed from the list and be ineligible for appointments
- ☐ I must update my address, phone number, and email address whenever they change by emailing pandf.feegenerating@jud.state.ma.us with the updated information.

- ☐ I understand that I have an affirmative obligation to timely notify the Administrative Office of the Probate and Family Court at pandf.feegenerating@jud.state.ma.us if at any time my answers to the questions contained herein change.

WITH THIS APPLICATION, I AM SUBMITTING THE FOLLOWING:

- ☐ a copy of my current resume or *curriculum vitae* detailing my related professional experience; and
- ☐ a current copy of my insurance binder showing a minimum coverage of \$100,000; and
- ☐ a certificate of completion for 30 hours of training in a mediation training program; and
- ☐ certificates of completion from the court-approved list of courses for at least 35 hours of accredited speciality training in topics related to parenting coordination, including but not limited to the 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 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 Administrative Office of the Probate and Family Court.

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: _____