

APPLICATION TO BE CONSIDERED FOR APPOINTMENT AS A PARENTING  
COORDINATOR FOR MONTGOMERY COUNTY

**AFFIDAVIT - ATTORNEY**

I, \_\_\_\_\_, the undersigned applicant, hereby certify that I possess the minimum qualifications to serve as a Parenting Coordinator as established by Pa.R.C.P. 1915.11-1(b) as follows:

1. \_\_\_\_\_ I am licensed to practice in the Commonwealth of Pennsylvania. My Attorney ID number is \_\_\_\_\_.  
\_\_\_\_\_ My license is in good standing.  
\_\_\_\_\_ I have never been subject to attorney discipline. (If Applicant has been subject to discipline, provide details on separate sheet).  
\_\_\_\_\_ I have practiced family law for \_\_\_\_ years, as follows (or attach CV):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_ I have obtained the special training required by the Rule, and have attached verification for each training:  
\_\_\_\_ hours in the Pennsylvania Parenting Coordination process.  
Date of training: \_\_\_\_\_  
Provider: \_\_\_\_\_  
\_\_\_\_ hours of Family mediation training.  
Date of training: \_\_\_\_\_  
Provider: \_\_\_\_\_  
\_\_\_\_ hours of Domestic Violence training.  
Date of training: \_\_\_\_\_  
Provider: \_\_\_\_\_
3. \_\_\_\_\_ I understand that to remain qualified as a Parenting Coordinator in each 2 year period after March 1, 2019, I must take a minimum of 10 additional continuing education credits, of which at least 2 must be on domestic violence.
4. \_\_\_\_\_ I maintain Professional Liability insurance of \$ \_\_\_\_\_, which coverage expressly covers me for serving as a Parenting Coordinator. The Declaration page showing the foregoing is attached.

5. \_\_\_\_\_ My hourly rate for Parenting Coordination is:  
\$ \_\_\_\_\_.
6. \_\_\_\_\_ I understand that Parenting Coordinators are encouraged to provide reduced rates for low income families in accordance with Rule 1911.11-1 (g).
7. \_\_\_\_\_ I may change my hourly rate upon 60 days written notice to the Administrative Judge. A change in rate shall be prospective and shall not apply to existing assignments.
8. \_\_\_\_\_ I understand that my initial retainer shall not exceed the equivalent of five (5) hours of my hourly rate.  
\_\_\_\_\_ I do not require an initial retainer.
9. \_\_\_\_\_ I acknowledge that I must accept one *pro bono* PC appointment every calendar year. I understand that this minimum requirement may be adjusted periodically subject to a determination by the Administrative Judge.
10. \_\_\_\_\_ I have read Pa. R.C.P 1915.11-1 and understand the scope (and limits) of my authority and the procedures which I must follow when appointed as a Parenting Coordinator.
11. \_\_\_\_\_ I acknowledge that I have read the Guidelines for Parenting Coordination promulgated by the American Psychological Association and Association of Family and Conciliation Courts.  
<https://www.apa.org/practice/guidelines/parenting-coordination>  
[https://www.afccnet.org/Portals/0/PublicDocuments/AFCCGuidelinesforParenting\\_Coordinationnew.pdf](https://www.afccnet.org/Portals/0/PublicDocuments/AFCCGuidelinesforParenting_Coordinationnew.pdf).

I swear or affirm that the foregoing statements are true and correct.

APPLICANT:

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Qualifications Reviewed by: \_\_\_\_\_ (initials) Court Administration

Recommendation to Place Application on Roster:

            
Yes

            
No

If No, state reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ A.J.

Approved:

\_\_\_\_\_

P.J.

Denied:

\_\_\_\_\_

P.J.

APPLICATION TO BE CONSIDERED FOR APPOINTMENT AS A PARENTING  
COORDINATOR FOR MONTGOMERY COUNTY

**AFFIDAVIT - MENTAL HEALTH PROFESSIONAL**

I, \_\_\_\_\_, the undersigned applicant, hereby certify that I possess the minimum qualifications to serve as a Parenting Coordinator as established by Pa.R.C.P. 1915.11-1(b) as follows:

1. \_\_\_\_\_ I have the following professional degree: \_\_\_\_\_  
From (institution and date granted): \_\_\_\_\_
2. \_\_\_\_\_ I am licensed to practice in the Commonwealth of Pennsylvania as a \_\_\_\_\_ My license number is \_\_\_\_\_  
\_\_\_\_\_  
My license is in good standing.  
\_\_\_\_\_  
I have never been subject to professional discipline. (If Applicant has been subject to discipline, provide details on separate sheet).  
\_\_\_\_\_  
I have \_\_\_\_\_ years of experience in dealing with families involved in child custody matters, as follows (or attach CV):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_ I have obtained the special training required by the Rule, and have attached verification for each training:  
\_\_\_\_ hours in the Pennsylvania Parenting Coordination process.  
Date of training: \_\_\_\_\_  
Provider: \_\_\_\_\_  
\_\_\_\_ hours of Family mediation training.  
Date of training: \_\_\_\_\_  
Provider: \_\_\_\_\_  
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5. \_\_\_\_\_ I maintain Professional Liability insurance of \$ \_\_\_\_\_, which coverage expressly covers me for serving as a Parenting Coordinator. The Declaration page showing the foregoing is attached.

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<https://www.apa.org/practice/guidelines/parenting-coordination>  
<https://www.afccnet.org/Portals/0/PublicDocuments/AFCCGuidelinesforParentingCoordinationnew.pdf>.

I swear or affirm that the foregoing statements are true and correct.

APPLICANT:

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Qualifications Reviewed by: \_\_\_\_\_ (initials) Court Administration

Recommendation to Place Application on Roster:

Yes

No

If No, state reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ A.J.

Approved: \_\_\_\_\_ P.J.

Denied: \_\_\_\_\_ P.J.