

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/AFCCGuidelinesforParentingCoordinationnew.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.

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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:
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Provider: _____
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P.J.