

APPLICATION TO BE CONSIDERED FOR APPOINTMENT AS A PARENTING
COORDINATOR FOR DELAWARE 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: _____
_____ hours of Domestic Violence training.
Date of training: _____
Provider: _____
4. _____ 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.
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.

6. ___ My hourly rate for Parenting Coordination is:
\$_____.
7. ___ I understand that Parenting Coordinators are encouraged to provide reduced rates for low income families in accordance with Rule 1911.11-1 (g).
8. ___ 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.
9. ___ 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.
10. ___ I acknowledge that I must accept one *pro bono* PC appointment for every two PC appointments, up to 12 hours.
11. ___ 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.
12. ___ 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

Recommendation to Place Application on Roster:

Yes

No

If No, state reasons:

L. J.

Approved:

_____ LIAISON J.

Denied:

_____ LIAISON J.