

**QUALIFIED PARENTING COORDINATOR APPLICATION  
FOR THE \_\_\_\_\_ JUDICIAL CIRCUIT, FLORIDA**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**I. QUALIFICATIONS**

PROFESSIONAL REQUIREMENTS. Check all that apply and insert licensure or certification number(s) and attach verification.

Licensed mental health professional under Florida Chapters 490 or 491,  
# \_\_\_\_\_

Physician under Florida Chapter 458 with certification by American Board  
of Psychiatry and Neurology, # \_\_\_\_\_

Florida Supreme Court certified family mediator with at least a master's  
degree in a mental health field, # \_\_\_\_\_

Member in good standing of The Florida Bar, # \_\_\_\_\_

Check all successfully completed:

Three years post licensure or post certification practice in any one of the  
professions checked above;

Family mediation training program certified by the Florida Supreme Court;  
and

Parenting coordination training approved by the Office of the State  
Courts Administrator, Dispute Resolution Center.

## II. CRIMINAL HISTORY & DISQUALIFICATION

(a) Have you ever been convicted of, pled guilty, or pled no contest, regardless of whether adjudication of guilt or imposition of sentence was suspended, deferred, or withheld in relation to any of the following (include traffic crimes, such as DUI, reckless driving, or driving without a valid license, but do not include traffic infractions such as excessive speed):

(1) a felony, misdemeanor of the first degree, or a misdemeanor of the second-degree involving dishonesty or false statement;    Yes    No

(2) a conviction of a similar offense described in question (a)(1) that includes a conviction by a federal, military, or tribal tribunal, including courts-martial conducted by the Armed Forces of the United States;    Yes    No

(3) a conviction of a similar offense described in question (a)(1) that includes a conviction or entry of a plea of guilty or no contest resulting in a sanction in any jurisdiction of the United States or any foreign jurisdiction. A sanction includes, but is not limited to, a fine, incarceration in a state prison, federal prison, private correctional facility, or local detention facility; or    Yes    No

(4) a conviction of a similar offense described in question (a)(1) of a municipal or county ordinance in this or any other state.    Yes    No

(b) Have you been convicted or had adjudication withheld on a charge of child abuse, child neglect, domestic violence, parental kidnapping, or interference with custody or time-sharing?    Yes    No

(c) Have you been found by a court in a child protection hearing to have abused, neglected, or abandoned a child?    Yes    No

(d) Have you consented to an adjudication or a withholding of adjudication on a petition for dependency?    Yes    No

(e) Have you been or are you currently a respondent in a final order or injunction of protection against domestic violence?    Yes    No

(f) Are you currently NOT in good standing or in clear and active status with any professional licensing authority or certification board to which are subject?    Yes    No

(g) Have you ever been disqualified by the Parenting Coordinator Review Board?

If you answered yes to any of the questions, you must provide the following information:

- (1) Copies of all documentation related to the case and its resolution;
- (2) A statement, sworn to be truthful, as to the circumstances surrounding the incident(s);
- (3) A statement describing and a copy of the order, if currently on probation;
- (4) Any effort at rehabilitation; and
- (5) Any other information you believe would be useful in reviewing your application.

### **III. DECLARATIONS**

I have read and am familiar with all of the required readings listed in the training standards applicable to the Approved Parenting Coordinator Training program I successfully completed.

I have read and am familiar with the local forms, rules, and procedures used in the circuit I am applying to pertaining to parenting coordination.

I will comply with Americans with Disabilities Act, the Civil Rights Act of 1964, as amended, and any other federal or state law that prohibits discrimination.

### **IV. SUPPORTING DOCUMENTATION CHECKLIST**

- (a) Please attach the required documentation and indicate that you have done so. Current professional license(s) and/or Florida Supreme Court family mediation certification;
- (b) Proof of completion of Florida Supreme Court certified family mediation training;
- (c) Proof of completion of an Office of the State Courts Administrator, Dispute Resolution Center approved parenting coordination training;
- (d) Documentation of criminal history, if any; and
- (e) (Optional) Any other information that you feel might be relevant as your application is reviewed. This might include a brief description of special training or experience that might enhance your performance as a parenting coordinator.

**V. ATTESTATION**

I, \_\_\_\_\_, swear and affirm all of the following: that the information supplied on this application and all documents provided are correct; that to the best of my knowledge, I qualify as a parenting coordinator as defined in section 61.125, Florida Statutes; and that I will notify, in writing, the chief judge for this judicial circuit, or designee(s), of the following within 30 days of any of the following events: a) address change; b) legal name change; c) change in fees; d) any criminal conviction; e) disqualifying event under section 61.125(6), Florida Statutes, or f) change in the status of any professional license or certification I currently hold.

I understand that any omissions, falsifications, misstatements, or misrepresentations of the information provided in this application, or in information required to be subsequently provided, may be grounds for disqualification or dismissal. My signature reflects my understanding that I am signing this document under oath under penalty of perjury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**VI. AUTHORIZATION TO INVESTIGATE AND RELEASE OF INFORMATION**

I, \_\_\_\_\_ (name) authorize the above-named court to conduct a criminal history and background investigation on me. I authorize the release of information and/or documents to this court from the Florida Department of Children and Families/Adult Protective Services; the Florida Department of Law Enforcement; any city, county, state and/or federal law enforcement agencies; any school; and any other entity. I release this court from any and all liability and expense associated with this investigation or release of information and/or documents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**INFORMATIONAL ITEMS**

*The information provided in these items will be used for referral or appointment purposes only and will not be used in the process to determine qualification.*

**A. EXPERIENCE**

COURT APPOINTMENT.

List all judicial circuits in which you are on the roster of qualified parenting coordinators: \_\_\_\_\_

ADDITIONAL TRAINING.

Describe any additional training relevant to your services as a parenting coordinator: \_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL EXPERIENCE.

Present Employment: \_\_\_\_\_

Identify your areas of practice or specialty: \_\_\_\_\_

\_\_\_\_\_

Describe your alternative dispute resolution experience: \_\_\_\_\_

\_\_\_\_\_

Describe any other professional experience you have that is pertinent to your ability as a parenting coordinator, (e.g., work with families, parents, and/or children): \_\_\_\_\_

\_\_\_\_\_

Detail any additional expertise and training that will enhance your ability to address specific issues as a parenting coordinator (e.g., child abuse and neglect, domestic violence, substance abuse, legal issues, financial issues)

\_\_\_\_\_

List languages in which you are fluent other than English: \_\_\_\_\_

**B. LOCATION AND LIMITATION**

LOCATION. List any additional office locations where you can provide parenting coordination services. \_\_\_\_\_

LIMITATION.

Yes No Are you willing to work on cases with an active domestic violence injunction or a stay away order?

Yes No Are you willing to work on cases via audio or audio-visual communication technology for parties who cannot attend meetings in-person?

Yes No Are you willing to work in a setting other than your office?

State any locations in this circuit in which you are not willing to provide parenting coordination services: \_\_\_\_\_

**C. FEE STRUCTURE**

List your hourly rate of compensation as a parenting coordinator: \$\_\_\_\_\_

Yes No Do you charge a retainer fee? If so, state the amount \$\_\_\_\_\_

Yes No Are you willing to accept pro bono or sliding fee appointments? If so, specify the conditions: \_\_\_\_\_

**THIS COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION MUST BE DELIVERED TO:**

**Chief Judge or designee(s)**

\_\_\_\_\_ **Judicial Circuit**

\_\_\_\_\_

\_\_\_\_\_



# Thirteenth Judicial Circuit ADMINISTRATIVE OFFICE OF THE COURTS

## Background Check Form

Background Check Type (select one option)			
Employment	Contractor	Volunteer	
Intern	Renewal of Contractor	Process Server	
Employee Information			
First Name:	Middle:	Last Name:	
Other Name Used:	Additional Name Used:	Phone Number:	
Current Address:	State:	Zip Code:	
Social Security Number:	Gender:	Race:	
Driver's License Number:	State:	Exp. Date:	
Previous Residence			
If your current address has changed within the previous ten years, please list your past three home addresses and the approximate time lived at each residence: (Do Not Use P.O. Box)			
1.	From:	To:	
2.	From:	To:	
3.	From:	To:	
Date of Birth			
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age. Thus, this inquiry as to birth date is for use only in verifying information obtained from a background check.			
Birth Date:	Place of Birth:		

### Authorization:

As an applicant for a position with the Administrative Office of the Courts, Thirteenth Judicial Circuit, I hereby authorize the release of any and all information necessary to investigate my background. I certify that the information provided is accurate and understand that this form will be used for background screening purposes only. Any material falsification or omission of such information on this form will constitute grounds for dismissal or disqualification.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Requestor Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Requestor must verify the form is complete, signed and dated prior to forwarding to [humanresources@fljud13.org](mailto:humanresources@fljud13.org).