

APPLICATION TO BE CONSIDERED FOR APPOINTMENT AS A PARENTING  
COORDINATOR FOR BUCKS 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) and the 4 County Compact entered into by Philadelphia, Bucks, Delaware and Chester Counties, 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 Parenting Coordination process, of which 2 or more hours were specific to Pennsylvania PC practice.  
Date of training: \_\_\_\_\_  
Provider: \_\_\_\_\_  
\_\_\_\_\_ hours of Family mediation (or hours of non-specific mediation training and hours of Family Mediation conducted).  
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. \_\_\_\_\_ I acknowledge that I may not charge more than \$300 per hour (although I may charge less), nor require more than a \$1000 initial retainer. My hourly rate for Parenting Coordination is: \$\_\_\_\_\_.
7. \_\_\_\_\_ I acknowledge that I must accept one *pro bono* PC appointment for every 2 fee-generating appointments in this judicial district/county, up to 12 hours per *pro bono* case. **I understand that it is my responsibility to advise the court upon acceptance of the second appointment.** I further understand that failing to accept a *pro bono* assignment or to notify the court is grounds for removal from the roster maintained by this county, and that any removal shall be communicated to the member counties enrolled in the 4 County Compact.
8. \_\_\_\_\_ 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.
9. \_\_\_\_\_ 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/AFCCGuidelinesforParentingcoordinationnew.pdf>
10. \_\_\_\_\_ I have read the 4 County Compact and understand the procedure for dealing with complaints and reporting among the member counties.

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)

Place Application on Roster: \_\_\_\_\_

Yes

No

If No, state reasons:

\_\_\_\_\_  
 \_\_\_\_\_

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