

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: \_\_\_\_\_

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Recommendation to Place Application on Roster:

            
Yes

            
No

If No, state reasons:

\_\_\_\_\_

\_\_\_\_\_

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

Approved:

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

Denied:

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