

This is a private record.

My Name

Address

City, State, Zip

Phone

Email

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

	Qualifications as a Parent Coordinator
_____ Petitioner	_____ Case Number
v.	_____ Judge
_____ Respondent	_____ Commissioner

(1) (Choose at least one.)

I have completed graduate level coursework in child development, and I am licensed as a Licensed Clinical Social Worker in the state of Utah.

I have completed graduate level coursework in child development, I hold a doctoral degree in psychology, and I am licensed as a Psychologist in the state of Utah.

I have completed graduate level coursework in child development, I am licensed as a Physician in the state of Utah, and I am board certified in psychiatry.

I have completed graduate level coursework in child development, and I am licensed as a Licensed Marriage and Family Therapist in the state of Utah.

(2) I have: (Choose one.)

(A) at least 3 years of post-licensure clinical practice substantially focused on child therapy, marital therapy, or family therapy; and a working familiarity with child custody and parent-time law and the ethical issues involved in custody matters.

OR

(B) been appointed as a parent coordinator in fewer than 10 cases, and the court is located in an area of the state where there is a shortage of parent coordinator services.

(3) I have read all of Rule 4-509, Court appointed parent coordinator. I meet the qualifications specified in this rule, and I agree to abide by all of its ethical and procedural requirements.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

_____ Sign here ► _____
Date
Typed or Printed Name _____

_____ License Number
_____ License Type

Certificate of Service

I certify that I served a copy of this document on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Respondent or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date _____ Sign here ► _____

Typed or printed name _____