

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Check your email.** You will receive information and documents at this email address.

In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

|   |  |
|---|--|
| <p>_____<br/>Petitioner</p> <p>v.</p> <p>_____<br/>Respondent</p> | <p><b>Parent Coordinator Qualification Statement</b></p> <p>_____<br/>Case Number</p> <p>_____<br/>Judge</p> <p>_____<br/>Commissioner</p> |
|---|--|

1. I have completed graduate level coursework in child development, and:  
(Choose at least one.)
  - I am a licensed clinical social worker in the state of Utah.
  - I hold a doctoral degree in psychology, and I am licensed as a psychologist in the state of Utah.
  - I am a physician in the state of Utah, and I am board certified in psychiatry.
  - I am a licensed marriage and family therapist in the state of Utah.
2. I have: (Choose one.)
  - 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.

[ ] 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 agree to abide by all of the ethical and procedural requirements of a parent coordinator (Utah Code of Judicial Administration Rule 4-509).

I declare under criminal penalty under the law of Utah that everything stated in this document is true.

Signed at \_\_\_\_\_ (city, and state or country).

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
Date  
Typed or Printed Name \_\_\_\_\_

\_\_\_\_\_ License Type \_\_\_\_\_  
Professional License Number

### Certificate of Service

I certify that I filed with the court and am serving a copy of this Parent Coordinator Qualification Statement on the following people.

| Person's Name | Service Method  | Service Address | Service Date |
|---------------|---|-----------------|--------------|
|               | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> E-filed<br><input type="checkbox"/> Email<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                 |              |
|               | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> E-filed<br><input type="checkbox"/> Email<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                 |              |
|               | <input type="checkbox"/> Mail<br><input type="checkbox"/> Hand Delivery<br><input type="checkbox"/> E-filed<br><input type="checkbox"/> Email<br><input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.)<br><input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.) |                 |              |

\_\_\_\_\_ Signature ► \_\_\_\_\_  
 Date \_\_\_\_\_ Printed Name \_\_\_\_\_