

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
LAKE COUNTY, ILLINOIS**

**Application for Parenting Coordinator  
LCR 4-3.20 and SCR 909 List**

1. Name: \_\_\_\_\_
2. Other names by which I have been known: \_\_\_\_\_
3. I am:  
☐ Filling out a new application ☐ Renewing my application
4. Date of Birth: \_\_\_\_\_
5. Current professional address: \_\_\_\_\_  
\_\_\_\_\_
6. Professional phone: \_\_\_\_\_
7. Professional fax: \_\_\_\_\_
8. Professional email: \_\_\_\_\_
9. Current Rate (hourly): \_\_\_\_\_
10. I ☐ do ☐ do not speak another language. If so, what language(s) \_\_\_\_\_
11. There ☐ is ☐ is not someone in my office that can translate for me. Language: \_\_\_\_\_
12. (a) ☐ No, I have never been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a minor traffic offense].  
☐ Yes, I have been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a minor traffic offense].  
(b) If "Yes", state the facts and circumstances fully including date, court and disposition [Use a separate attachment]
13. Describe all post-high school education, including graduate and post-graduate work [Use separate sheet, if necessary]  
School: \_\_\_\_\_  
Attendance Dates: \_\_\_\_\_  
Major/Field of Study: \_\_\_\_\_  
Degree: \_\_\_\_\_  
School: \_\_\_\_\_  
Attendance Dates: \_\_\_\_\_  
Major/Field of Study: \_\_\_\_\_  
Degree: \_\_\_\_\_  
School: \_\_\_\_\_  
Attendance Dates: \_\_\_\_\_

Major/Field of Study: \_\_\_\_\_

Degree: \_\_\_\_\_

[Use Separate Sheet, if necessary]

14. Training: List training you have received in the past two years related to the parenting coordinator role in including training topics of domestic violence, psychological issues, the needs of children in cases of family separation and family dynamics. Please include names, location of training, dates of training, hours completed, date completed, instructor(s) and type of certification received (if any). If available, please attach a course of syllabus and certificate of completion. In lieu of a syllabus and certificates, an affidavit listing the above information may be submitted with your application.

---

---

---

---

15. Date admitted to the Illinois Bar: \_\_\_\_\_

16. Date admitted to any other Bar: \_\_\_\_\_

17. Years of practice in Illinois: \_\_\_\_\_

18. Member in good standing with the Illinois Bar? ☐ Yes ☐ No

19. I ☐ have ☐ have not been subject to any disciplinary action by the ARDC beyond a letter of complaint. (If you have, please explain on a separate sheet.)

20. I ☐ have ☐ have not been held in contempt of court by any court. (If you have, please explain on a separate sheet.)

21. ☐ I have been practicing for five years or have five years of experience in mental health or related field.

22. ☐ I possess a master's degree in social work, psychology counseling or higher or an equivalent degree in a related field.

23. ☐ I am presently licensed to practice in my field in the State of Illinois. Proof of which is attached (copy of certificate) Please state all licensing agencies and license numbers below.

List all professional or occupational licenses (other than law) which you have ever had. Check "C" if the license is still current.

<u>License Type/Number</u>	<u>Licensing Agency</u>	<u>Date</u>	<u>"C"</u>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

24. ☐ I have completed an approved course on domestic violence.
25. ☐ I have handled cases as a parenting coordinator pursuant to a Court Order.
26. ☐ I have read Supreme Court Rule 909.
27. ☐ I have read Local Court Rule 4-3.20 of the 19<sup>th</sup> Judicial Circuit.
28. I ☐ have ☐ have not completed the LCBA Combined GAL and Parenting Coordinator training or another Parenting Coordinator training approved by the Presiding Judge of Family Law and said course was last completed on \_\_\_\_\_.
29. I understand that I must periodically attend parenting coordinator courses in order to maintain my eligibility for appointment.
30. I understand that I may occasionally be appointed in cases involving indigents and agree to provide my legal services at a reduced fee or pro bono if such an appointment occurs.
31. I certify that I am currently covered by professional liability insurance which would cover any and all claims against me arising out of my legal services as a parenting coordinator. I agree to maintain such coverage as long as I remain on the parenting coordinator list.

I respectfully request that the Court review my application, and if I am found to be qualified and eligible under the applicable local Rule; that I be placed on the Court's list of approved Parenting Coordinators.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

### Verification by Certification

I, \_\_\_\_\_, have read the foregoing Application for  
Name of Applicant

Child Representative and have knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Dated \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

### **CONSENT FOR BACKGROUND CHECK**

The Nineteenth Judicial Circuit Court has my consent to conduct a criminal record check as a requirement of my Petition for Certification as Court Approved Parenting Coordinator.

Name (Please Print): \_\_\_\_\_

Maiden Name (If Applicable): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Gender: \_\_\_\_\_

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

### **WAIVER, RELEASE AND INDEMNIFICATION OF CLAIMS**

WHEREAS, the Nineteenth Judicial Circuit has agreed to accept individuals as members of the Family Division Parenting Coordinator List for the purposes of mediating cases referred from the Family Division;

WHEREAS, I have been accepted by the Nineteenth Judicial Circuit as a member of the Family Division Parenting Coordinator List;

WHEREAS, I, as a Family Division Parenting Coordinator List member, am required to participate in assignments as directed by the Nineteenth Judicial Circuit;

NOW THEREFORE, I, hereby, in consideration of my acceptance by the Nineteenth Judicial Circuit as a Member of the Family Division Parenting Coordinator List, do release and waive any and all claims or demands of any nature whatsoever, which I have now or may in the future acquire, against the Nineteenth Judicial Circuit Court together with the officers, agents and employees of the Nineteenth Judicial Circuit, resulting from my service as a Member of the Family Division Parenting Coordinator List.

I further covenant and agree, in consideration of my placement and acceptance as a Member of the Family Division Parenting Coordinator List, to indemnify and hold harmless said Nineteenth Judicial Circuit Court, their officers, Agency and employees from any liability, which may be incurred by them, or any of them, proximately resulting from and acts by me during such Family Division Parenting Coordinator List assignments.

I further represent that I understand all risks involved and agree that this waiver, release and indemnification of claims shall be binding upon my heirs, executors and administrators.

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