

IN THE CIRCUIT COURT OF COOK COUNTY COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION MINIMUM REQUIREMENTS FOR PARENTING COORDINATOR APPOINTMENT LIST

Illinois Supreme Court Rule 909, Cook County Local Court Rule 13.10

In order to be listed as a Parenting Coordinator, all applicants shall meet the following requirements and obtain approval from the Office of the Presiding Judge of the Domestic Relations Division.

- 1. The minimum requirements include that each parenting coordinator: (1) possess a Juris Doctor or a Master's Degree or higher in Social Work, Psychology, or Counseling, or an equivalent degree in a related field; (2) have at least five (5) years of experience in family law, mental health, or a related field; (3) complete an approved course on domestic violence; and (4) attend at least four (4) hours per year of continuing education programs, which shall address, at a minimum, psychological issues, the needs of children in cases of family separation, and family dynamics.
- 2. Possess significant experience in highly contested issues involving family and/or parental disputes, such as assisting co-parents with clarifying, implementing, and complying with parenting plan Orders, helping coparents reduce misunderstandings, timely resolving conflicts between coparents, and educating coparents about their children's needs.
- 3. Submit a completed application provided by the Office of the Presiding Judge of the Domestic Relations Division. The application shall be completed under oath and notarized.
- 4. The completed application shall be submitted via email to drd.pc@cookcountyil.gov
- 5. If an applicant meets the minimum requirements to be appointed as a parenting coordinator, the applicant shall be interviewed regarding further qualifications in Courtroom 1905 at the Richard J. Daley Center. Interviews shall be conducted by the Domestic Relations Division's Parenting Coordinator Screening Committee.
- 6. If an applicant is approved after their interview before the Screening Committee, the applicant must submit a current biography sheet in the format prepared by the Office of the Presiding Judge of the Domestic Relations Division. The biography sheet shall be completed and submitted within seven (7) days of being approved as a Member of the Domestic Relations Division's Parenting Coordinator Program. The biography shall be submitted via email to drd.pc@cookcountyil.gov or mailed to 50 W. Washington St., Room 1901A, Chicago, IL 60602 c/o Office of the Presiding Judge of the Domestic Relations Division.
- 7. Attend and complete all required training programs and agree to attend continuing education programs. Applicants must agree to be appointed in <u>any</u> Cook County District. Applicants will not be appointed until all training requirements and continuing education requirements are satisfied.
- 8. Submit to other background checks, if required.
- 9. Members on the approved list shall have and maintain appropriate errors and omissions insurance coverage and shall be required to present proof of said insurance, upon request, to the court.



IN THE CIRCUIT COURT OF COOK COUNTY COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION APPLICATION FOR APPOINTMENT AS A PARENTING COORDINATOR

Illinois Supreme Court Rule 909, Cook County Local Court Rule 13.10

1.	Name:		
2.	Work address:		
3.	Work telephone:		
4.	Work email:		
5.	I have read: Illinois Supreme Court Rule 909 Cook County Local Court Rule 13.10		
6.	Check all professional requirements that apply, insert licensure or certification number(s), and attach verification: Juris Doctor ARDC #		
	Master's degree or higher in the field of social work, psychology, or counseling IDFPR License #		
	Equivalent degree in a related field Please name the related field		
7.	Are you in good standing in your profession? Yes		
8.	No Have you ever been convicted of a felony or misdemeanor or been given an order of supervision for a misdemeanor [except a minor traffic offense]? Yes		
If "Y dispo	No 'es," complete and attach a separate document to state the facts and circumstances fully, including the date, court, and osition.		
9.	Do you maintain malpractice insurance for your practice? Yes No		
0.	Please mark which area you have at least five years of experience in: Law Mental Health Related field Please name the related field		
1.	Have you received any domestic violence training? Yes No		
	If yes, please provide the name of the organization that provided the training, the length of the training and date completed:		

Н	Have you been previously appointed as a parenting coordinator? Yes			
If	No Syes, please list the number of times you have been appointed:			
Н	ow many active cases are you appointed as a parenting coordinator?			
Ιſ	you have been previously appointed as a parenting coordinator, list a maximum of the five most			
re	ecent case numbers and corresponding counties in which you have been previously appointed:			
P	lease list your current employment:			
Io	lentify your areas of practice, specialty, or concentration:			
P	lease list the languages in which you are fluent and/or proficient, not including English:			
	lease describe your professional experience that is relevant to your ability as a parenting pordinator, (i.e., work with families, parents, and/or children):			
P	lease describe why you are applying to be appointed as a parenting coordinator:			
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	Please describe your experience with highly contested issues involving family and/or pare disputes, including financial disputes regarding children's expenses:
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5	Please detail any additional expertise and/or training that will enhance your ability to address specific issues as a parenting coordinator (i.e., child abuse and neglect, domestic violence, substance abuse, financial issues):
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-	Have you ever been subject to any disciplinary action by any bar association, agency, or elicensing authority beyond a letter of complaint? If so, please explain:

- 1. My duties as a parenting coordinator are to make recommendations to resolve parenting disputes, financial disputes relating the children's expenses, and conflicts concerning decision-making and parental access related to the minor children.
- 2. I must attend at least four (4) hours per year of continuing education programs which shall address at a minimum, psychological issues, the needs of children in cases of family separation, and family dynamics. I may be appointed in any Cook County District Court.

VERIFICATION BY CERTIFICATION

, have read the foregoing Application for Appointment as Parentin oordinator and have knowledge of the contents thereof, including the Exhibits attached thereto, and under penalties provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the atements set forth in this instrument are true and correct.					
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 appointed as a Cook County Parenting Coordinator. Thereby authorize the Administrators of the Attorney Registration and Disciplinary Commission and/or the disciplinary and inquiry bodies of any bar association or any relevant professional organization to disclose to the Domestic Relations Division of the Circuit Court of Cook County all information contained in the files of such prodies concerning my present professional status, all complaints which have been made against me, together with the disposition thereof. I expressly waive for use by the Division whatever right I may have to the confidentiality required by Illinois Supreme Court Rule 766 with respect to the foregoing information.					
Applicant Signature	Date				
Subscribed and sworn to before me on this day of	,				
Notary Public:					
APPROVED:					
Chairperson, Parenting Coordinator Program	Date				
Presiding Judge, Domestic Relations Division					



IN THE CIRCUIT COURT OF COOK COUNTY COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION APPOINTMENT AS A PARENTING COORDINATOR RELEASES

CONSENT FOR RELEASE OF BACKGROUND CHECK

I,, hereby authorize and consent to the release of any criminal history record information to the Circuit Court of Cook County Domestic Relations Division that may exist regarding me from any agency, organization, institution, or entity having such information on file. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.				
Applicant Signature	Date			
WAIVER, RELEASE AND INDEM	NIFICATION OF CLAIMS			
WHEREAS, the Circuit Court of Cook County has agreed Relations Division's Parenting Coordinator Program for the from the Domestic Relations Division;	<u> •</u>			
WHEREAS, I have been accepted by the Circuit Court of C Division's Parenting Coordinator Program;	ook County as a member of the Domestic Relations			
WHEREAS, I, as a Domestic Relations Division's Parent participate in assignments as directed by the Circuit Court of				
NOW THEREFORE, I, in consideration of my acceptance by the Circuit Court of Cook County as a member of the Domestic Relations Division's Parenting Coordinator Program, do release and waive any and all claims of demands of any nature whatsoever, which I have now or may in the future acquire, against the Circuit Court of Cook County, together with the officers, agents and employees of the Circuit Court of Cook County, resulting from my service as a Member of the Domestic Relations Division's Parenting Coordinator Program.				
I further covenant and agree, in consideration of my placement and acceptance as a Member of the Domestic Relations Division's Parenting Coordinator Program, to indemnify and hold harmless said Circuit Court of Cook County, 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 Domestic Relations Division Parenting Coordinator Program assignments.				
I further represent that I understand all risks involved and ag claims shall be binding upon my heirs, executors and admini				
Applicant Signature	Date			