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| Name |  | |
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| Address |  | |
|  |  | |
| City, State, Zip |  | |
|  |  | |
| Phone |  | |
|  | **Check your email.** You will receive information and documents at this email address. | |
| Email |
| In the District Court of Utah  \_\_\_\_\_\_\_\_\_\_ Judicial District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County  Court Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| In the Matter of (select one)  [ ] the Marriage of (for a divorce with or without children, annulment, separate maintenance, or temporary separation case)  [ ] the Children of (to establish custody, parent-time or child support)  [ ] the Parentage of the Children of (for a paternity case)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Petitioner)  and  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Respondent)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other parties (if any) | | **Parent Coordinator Qualification Statement**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Case Number  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Judge  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commissioner | |

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).

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| 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 | |  |
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| **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 |
|  | | [ ] Mail  [ ] Hand Delivery  [ ] E-filed/MyCase  [ ] Email  [ ] Left at business (With person in charge or in receptacle for deliveries.)  [ ] Left at home (With person of suitable age and discretion residing there.) | | |  |  |
|  | | [ ] Mail  [ ] Hand Delivery  [ ] E-filed/MyCase  [ ] Email  [ ] Left at business (With person in charge or in receptacle for deliveries.)  [ ] Left at home (With person of suitable age and discretion residing there.) | | |  |  |
|  | | [ ] Mail  [ ] Hand Delivery  [ ] E-filed/MyCase  [ ] Email  [ ] Left at business (With person in charge or in receptacle for deliveries.)  [ ] Left at home (With person of suitable age and discretion residing there.) | | |  |  |
|  | | | Signature ► |  | | |
| Date | Printed Name | | |  | | |