

## IDAHO SUPREME COURT

### APPLICATION FOR REGISTRATION AS A PARENTING COORDINATOR IN PARENTING DISPUTES (I.R.F.L.P. 1002)

#### GENERAL INFORMATION

##### 1. Registration: Qualification of Parenting Coordinators

- a. To be placed on the Supreme Court's list of parenting coordinators, the applicant must be an attorney, a licensed psychologist or counselor, a LSCW or LMSW-I social worker, school counselor, or school psychologist. The applicant must also be on the current list of child custody mediators compiled by the Idaho Supreme Court pursuant to Rule 602, I.R.F.L.P. In addition, the applicant must have attended at least twenty (20) hours of training in domestic violence and lethality assessment within two years of initial application. Evidence of completion or other supporting documentation must be provided. An applicant must have a basic familiarity with child development as it pertains to issues of bonding, attachment, and loss in early life and future child development, as evidenced by college coursework, classes, workshops, or training as stated in an attached certificate of completion or other supporting documentation. Each applicant must also successfully complete a current criminal history check. In addition, the applicant must be familiar with Rule 1002, I.R.F.L.P. enclosed with this application.
- b. Parenting Coordinators are expected to maintain statistical records and evaluation outcomes for purposes of quality control and to provide information as required by the Idaho Supreme Court for submission to the Idaho Legislature.
- c. To remain on the Supreme Court List of Parenting Coordinators, an applicant must remain on the list of child custody mediators compiled by the Idaho Supreme Court. In addition, applicant must complete an updated criminal history check every five (5) years pursuant to Rule 47, I.C.A.R.: Criminal History Checks.

##### 2. Criminal History Check

- a. Applicant must submit to a current criminal history check, at his or her own expense, as provided for in Rule 47, I.C.A.R. The criminal history check will consist of a self-declaration, fingerprints of the individual, information obtained from a national records check conducted by the Idaho Bureau of Criminal Identification, the Federal Bureau of Investigation, the statewide Child Abuse Registry, Adult Protection Registry, and the Sexual Offender Registry. Results of the criminal history check will be mailed to the Idaho Supreme Court. For a list of crimes results in unconditional denial, please see Rule 47. All other crimes will result in conditional denial.

Fingerprinting is provided by some law enforcement agencies. Applicants who reside in Ada County are required to have fingerprinting done at the Idaho State Police offices located at 700 S. Stratford Drive, Meridian, Idaho. They will also require you to leave the card and pay the background check fee at that time. Applicants outside the Ada County area may contact their local sheriff's office to arrange for having the fingerprinting done, or you may contact the Idaho State Police (208-884-7130) for a list of agencies in your area who provide fingerprinting. Fees

may range from \$3.00 to \$10.00. All applicants should obtain a blank fingerprint card by contacting Susan Wendt, Judicial Administrative Assistant, at the address below. If you are fingerprinted outside of Ada County, the completed fingerprint card, together with a money order or check for \$28.25, payable to the Idaho Supreme Court, must be sent, along with the following supporting documentation.

### 3. Supporting Documentation

An applicant must submit the following to be placed on the list of parenting coordinators maintained by the Supreme Court:

Your final packet should include the following documents:

- Completed rolled fingerprint cards. Money order in the amount of \$28.25, payable to “Idaho Supreme Court”.
- An Affidavit of Compliance executed by the applicant attesting that the applicant has fulfilled the requirements for registration.
- Self-Declaration & Authorization for Criminal History Check (two pages), signed by the applicant under oath and notarized.
- ISC Authorization to Investigate, signed by the applicant under oath and notarized.
- Completed IDH&W Authorization and Consent to Release Information, signed by the applicant in the presence of a NOTARY. Include a \$20.00 check or money order made to “IDHW” for processing.
- ISP BCI Non-Criminal Justice Applicant Privacy Statement, signed by the applicant.
- Idaho State Police Bureau of Criminal Identification Criminal History Record Checks Under the National Child Protection Act of 1993, as amended, signed by the applicant under oath and notarized.

### 4. All of these documents should be mailed to:

**Administrative Office of the Court  
Idaho Supreme Court  
Attn: Susan Wendt  
P.O. Box 83720  
Boise, ID 83720-0101  
Telephone: (208) 947-7456**

### 5. To obtain a fingerprint card, Susan Wendt can be contacted at: (208) 947-7456, or via email at: [swendt@idcourts.net](mailto:swendt@idcourts.net)

*Idaho Supreme Court*

**APPLICATION FOR REGISTRATION AS A PARENTING COORDINATOR**

**(Rule 1002, I.R.F.L.P.)**

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Note that the information you furnish above will be used in all correspondence with you and on the public roster of mediators.*

*I herewith apply for registration on the list of parenting coordinators maintained by the Idaho Supreme Court pursuant to Rule 1002 I.R.F.L.P.*

*In support of this application, I state the following:*

I am licensed or certified as a \_\_\_\_\_ by the state of \_\_\_\_\_

*(Attach a copy of current professional license or certificate.)*

I am currently registered on the Idaho Supreme Court List of Child Custody Mediators.

I have read and am familiar with Rule 1002: Appointment of Parenting Coordinator in Child Custody and Visitation Disputes.

I have read and am familiar with Rule 47, I.C.A.R.: Criminal History Checks.

I agree to maintain statistical records and evaluation outcomes for purposes of quality control and to provide information as required by the Idaho Supreme Court for submission to the Idaho Legislature.

**I submit the following information for inclusion on the Supreme Court's roster of parenting coordinators. (Please attached extra pages, as needed, to complete the information.)**

(1) I have participated in a minimum of twenty (20) hours of training in domestic violence, violence in families, child abuse, anger management, lethality assessments, and psychiatric causes of violence, as evidenced by the attached certificate(s) of completion or other supporting documentation, and the following information:

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_

Course Content: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sponsor: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Hours: \_\_\_\_\_

Course Content: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(2) I have basic knowledge of child development as it pertains to bonding and attachment, loss in early life and future child development as evidenced by the following: (list college coursework, workshops, training or professional experience. If using professional experience, describe your area of practice and length of experience. *Please attach supporting documentation.*)

Course Content: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Course Content: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**(3) Professional Affiliations: (bar organizations, alternative dispute resolution organizations, etc.)**

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

Membership Expires: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Membership: \_\_\_\_\_

Membership Expires: \_\_\_\_\_

**(4) Academic and Professional Education and Training:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(5) Professional Experience: Include professional experience in the area of domestic violence.**

a) Describe your areas of practice or specialty: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Describe your alternative dispute resolution experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c) Describe any other professional experience you have that is pertinent to your ability as a parenting coordinator, e.g. work with divorcing parents, work with children, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(6) My hourly rate of compensation as a parenting coordinator is: \$ \_\_\_\_\_

(7) I will \_\_\_\_ will not \_\_\_\_ agree to accept appointments as a parenting coordinator in child custody and parenting disputes on either a pro bono or sliding fee basis. If you are willing to accept pro bono or sliding fee appointments, please specify the conditions, if any, for your acceptance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(8) In addition to the county of my mailing address, I am willing to provide parenting and coordinating services in the following counties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(9) In each case, I am prepared to sign an oath to faithfully and impartially discharge the duties of a parenting coordinator as prescribed by law, and that I will identify any conflict of interest that I have regarding the parties or the subject matter of the dispute.

(10) I will promptly notify the Administrative Director of the Courts regarding any change concerning my status or other information I have provided in this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please describe in 50 words or less your area(s) of expertise as you would like it listed on the roster:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Idaho Supreme Court*

**APPLICATION FOR REGISTRATION ON THE IDAHO SUPREME COURT'S  
ROSTER OF PARENTING COORDINATORS**

*AFFIDAVIT OF COMPLIANCE*

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

To the Idaho Supreme Court:

I, \_\_\_\_\_ being first duly sworn, depose and say that:

I am the applicant who has signed this application for the placement of my name on the list of registered child custody mediators and parenting coordinators maintained by the Idaho Supreme Court in accordance with Rules 602 and 1002 of the Idaho Rules of Family Law Procedure. By signing this application and this affidavit, I certify that I have fulfilled the requirements for being designated as a parenting coordinator on this roster.

I fully realize that the determination as to whether I am registered by the Idaho Supreme Court depends, in part, on the truthfulness and completeness of my answers set forth in this application, my criminal history check, and the statements attached. To my knowledge, the answers and information which I have supplied in connection with this application and criminal history check are true and complete.

I have read and understand the contents of Rule 1002 of the Idaho Rules of Family Law Procedure, relating to parenting coordinators in child custody and visitation disputes, and I will provide this service to which I am appointed in conformance therewith.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of \_\_\_\_\_,

this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC for the State of \_\_\_\_\_

Residing in County \_\_\_\_\_

Commission expires \_\_\_\_\_