

IN THE NINETEENTH JUDICIAL CIRCUIT  
IN AND FOR INDIAN RIVER, MARTIN, OKEECHOBEE AND ST. LUCIE COUNTIES  
STATE OF FLORIDA

**AMENDED ADMINISTRATIVE ORDER 2017-17**

(Supersedes Administrative Order 2015-02)

**RE: PARENTING COORDINATORS**

**WHEREAS** the Florida Supreme Court adopted amendments to the Florida Family Law Rules of Procedure and new rules for Qualified and Court-Appointed Parenting Coordinators, *see In Re: Amendments to the Florida Family Law Rules of Procedure; New Rules for Qualified and Court-Appointed Parenting Coordinators*, 142 So. 3d 831 (Fla. 2014); and

**WHEREAS** the Chief Justice has adopted, and Administrative Order AOSC14-64, *In Re: Parenting Coordinator Application Form and Training Standards* approves, a uniform parenting coordinator application and training standards to be used statewide; and

**WHEREAS** the Florida Supreme Court, pursuant to AOSC14-64 places the administrative responsibility of the implementation of section 61.125, Florida Statutes, and its attendant rules, qualifications, procedures, and the provisions of AOSC14-64 with the Chief Judge of each circuit or designee;

**NOW, THEREFORE**, I, Elizabeth A. Metzger, pursuant to the authority vested in me as Chief Judge of the Nineteenth Judicial Circuit of Florida under Florida Rule of Judicial Administration 2.215, order the following:

1. Except as otherwise provided in section 61.125, Florida Statutes, all parenting coordinators appointed within the Nineteenth Judicial Circuit shall be selected from a roster maintained by the Trial Court Administrator.

2. Persons who wish to be placed on the Nineteenth Judicial Circuit's roster of qualified parenting coordinators must complete the application attached hereto as Attachment "A" and submit it to the Trial Court Administrator along with copies of all required documents. A criminal background investigation and any necessary inquiries shall be conducted to verify an applicant's eligibility to be included on the roster.

3. The sitting Administrative Judge of the Domestic Relations Division shall act as the Chief Judge's designee to review each application and to determine whether an individual applying to serve as a parenting coordinator meets the qualifications under AOSC14-64 and section 61.125,


Florida Statutes, to be included on the Nineteenth Judicial Circuit's roster of qualified parenting coordinators.

4. If an applicant meets all the requirements, he or she will be approved, notified of the approval, and placed on the roster for appointment. If the applicant is not approved, he or she will be notified in writing and the reason for non-approval will be provided.

5. The roster of qualified parenting coordinators will be reviewed by the Administrative Judge of the Domestic Relations Division at least once each calendar year to determine whether each parenting coordinator continues to be qualified. If it is determined at any time that a parenting coordinator no longer meets the legal qualifications, the Administrative Judge of the Domestic Relations Division shall remove a parenting coordinator immediately from the roster, and the parenting coordinator shall be notified of such removal.

This Amended Administrative Order shall take effect on November 8, 2017. Administrative Order 2015-02, *Parenting Coordination in Family Law Cases*, is hereby superseded by Administrative Order 2017-17.

DONE AND ORDERED in this 13<sup>th</sup> day of November, 2017 at Stuart, Martin County, Florida, nunc pro tunc November 8, 2017.

  
ELIZABETH A. METZGER, CHIEF JUDGE

ATTACHMENT "A"

**PARENTING COORDINATOR APPLICATION**  
**For the \_\_\_\_\_ Judicial Circuit, State of Florida**

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

Present Employment: \_\_\_\_\_

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

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

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

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

E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City & State

Languages fluent in other than English: \_\_\_\_\_

**QUALIFICATIONS**

PROFESSIONAL REQUIREMENT. Check all that apply and insert licensure or certification number(s):

- Licensed Mental Health Professional under Florida chapters 490 or 491, # \_\_\_\_\_
- Physician under Florida chapter 458 with Certification by American Board of Psychiatry and Neurology, # \_\_\_\_\_
- Florida Supreme Court Certified Family Mediator with at least a master's degree in a mental health field, # \_\_\_\_\_
- Member in good standing of The Florida Bar, # \_\_\_\_\_

PARENTING COORDINATOR REQUIREMENTS. Check all successfully completed:

- Three years post licensure or post certification practice in any one of the professions checked above.
- Family mediation training program certified by the Florida Supreme Court.

Minimum of 24 hours of parenting coordination training in parenting coordination concepts and ethics, family systems theory and application, family dynamics in separation and divorce, child and adolescent development, the parenting coordination process, parenting coordination techniques, high conflict divorce resolution techniques, and Florida family law and procedure.

Minimum of 4 hours of training in domestic violence and child abuse which is related to parenting coordination.

I will comply with the Americans with Disabilities Act, the Civil Rights Act of 1964, as amended, the Florida Civil Rights Act of 1992, and any other federal or state law that prohibits discrimination on the basis of race, color, national origin, religion, sex, age, marital status, or disability.

<u>Description of Course(s) or Training</u>	<u>Date(s)</u>	<u>Name of Trainer and Entity which Sponsored or Approved Training</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and am familiar with section 61.125, Florida Statutes.

I have read and am familiar with Florida Family Law Rules of Procedure 12.710, 12.720, 12.730, and 12.742.

I have read and am familiar with Florida Family Law Forms 12.984 and 12.998.

I have read and am familiar with the forms, rules, and procedures in this circuit pertaining to parenting coordination.

DISQUALIFICATION

Yes  No Have you been convicted or had adjudication withheld on a charge of child abuse, child neglect, domestic violence, parental kidnapping, or interference with custody or time-sharing?

Yes  No Have you been found by a court in a child protection hearing to have abused, neglected, or abandoned a child?

Yes  No Have you consented to an adjudication or a withholding of adjudication on a petition for dependency?

Yes  No Have you been or are you currently a respondent in a final order or injunction of protection against domestic violence?

**EXPERIENCE**

COURT APPOINTMENT.

List all judicial circuits in which you are on its roster of qualified parenting coordinators: \_\_\_\_\_

\_\_\_\_\_

Yes  No Has any judicial circuit removed you from its roster of qualified parenting

coordinators? If so, state circuit, date removed, and reason for the removal. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL TRAINING.

Describe any additional training relevant to your services as a parenting coordinator: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL EXPERIENCE.

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Describe any other professional experience you have that is pertinent to your ability as a parenting coordinator, (e.g. work with parents, children, or domestic violence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LOCATION AND LIMITATION

### LOCATION.

List any additional office locations where you can provide parenting coordination services. \_\_\_\_\_

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### LIMITATION.

Yes  No Are you willing to work on cases with an active domestic violence injunction or a stay away order?

State any county in this circuit in which you are not willing to provide parenting coordinator services: \_\_\_\_\_

## FEE STRUCTURE

Your hourly rate of compensation as a parenting coordinator: \$ \_\_\_\_\_.

Yes  No Do you charge a retainer? If so, state the amount \$ \_\_\_\_\_.

Yes  No Are you willing to accept pro bono or reduced fee appointments? If so, specify the conditions: \_\_\_\_\_

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## CRIMINAL HISTORY

If you answer **Yes** to any of the questions below, provide a **Separate Written Explanation and Copies of all Relevant Documentation** of each item including date, location, crime or incident and action and attach to this form.

Yes  No Have you ever been found guilty or adjudicated guilty of a crime as an adult in this or any other state? Check YES, even if the adjudication of guilt or judgment was withheld or if the criminal record was sealed or expunged. (Include traffic crimes, such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed)

Yes  No Do you have criminal charges or warrants pending against you or are you on probation or parole in this state or any other state?

## SUPPORTING DOCUMENTATION CHECK LIST

**Please check the following required documents attached to your application:**

- 1. Your current professional license(s) and/or Florida Supreme Court Family Mediation Certification;
- 2. Proof of completion of Supreme Court approved family mediation training;
- 3. Proof of completion of 24 hours parenting coordination training;
- 4. Proof of at least 4 hours of training on domestic violence and abuse pertinent to parenting coordination;
- 5. Authorization to Investigate and Release of Information;
- 6. Documentation of criminal history if any; and
- 7. (Optional) Any other information that you feel might be relevant as your application is reviewed. This might include a brief description of special training or experience that might enhance your performance as a parenting coordinator.

**ATTESTATION**

I swear/affirm that the information supplied on this application and all documents provided are correct, that to the best of my knowledge I qualify for a position as a Parenting Coordinator as defined in section 61.125, Florida Statutes, and that I will notify in writing the chief judge or designee(s) for this judicial circuit of the following within 30 days of any such event: a) address change b) legal name change; c) change in fees; d) any criminal conviction, disqualifying event under section 61.125 or any change in the status of a professional license or certification which I currently hold.

I certify that I have read, understand and agree to abide by the Rules for Qualified and Court Appointed Parenting Coordinators and section 61.125. I understand that any omissions, falsifications, misstatements or misrepresentations of the information provided in this application, or information required to be subsequently provided, may be grounds for disqualification or dismissal.

My signature reflects my understanding that I am signing this document under oath under penalty of perjury.

Signature \_\_\_\_\_

Date \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me by \_\_\_\_\_

on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp name of notary or clerk.]

\_\_\_ Personally known

\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_



**THIS COMPLETED APPLICATION AND ALL ATTACHED SUPPORTING DOCUMENTS ON THE CHECK LIST MUST BE DELIVERED TO:**

Chief Judge or designee(s)

\_\_\_\_\_ Judicial Circuit

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

**AUTHORIZATION TO INVESTIGATE AND RELEASE OF INFORMATION**

I, \_\_\_\_\_ of \_\_\_\_\_  
(name) (address)

authorize the above named court to conduct a criminal history and background investigation on me. I authorize the release of information and/or documents to this court from the Florida Department of Children and Families; the Florida Department of Law Enforcement; any city, county, state and/or federal law enforcement agencies; any school; and any other entity. I release this court from any and all liability and expense associated with this investigation or release of information and/or documents.

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

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to or affirmed and signed before me by \_\_\_\_\_  
on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
[Print, type, or stamp name of notary or clerk.]

\_\_\_\_ Personally known

\_\_\_\_ Produced identification

Type of identification produced \_\_\_\_\_