

**Whatcom County Superior Court
Parenting Coordinator Registry Application & Information**

Date Submitted:

Last Name:	First Name:	Middle Initial:
Business Name: Street: City/State/ZIP: Phone (Area Code and Number): Fax (Area Code and Number): Email Address: Public? Yes <input type="checkbox"/> No <input type="checkbox"/> Retainer Amount: Hourly Rate:		

<u>Education/Training:</u>
Formal Education (<i>Highest</i>): School: _____, Level: _____, Date: _____
A. Parenting Coordinator: (<i>Attach certificate of completion</i>) Agency/Hours/Date: _____ <i>or</i> Family Law Special Master: (<i>Attach certificate of completion</i>) Agency/Hours/Date: _____
AND
B. Basic Mediation (40 hrs) and Family Mediation Training: (<i>Attach certificate of completion</i>) Agency/Hours/Date: _____ <i>or</i> Mediation for Collaborative Professionals (30 hours) (<i>Attach certificate of completion</i>) Agency/Hours/Date: _____ and Basic Collaborative Law Training (12 hours) (<i>Attach certificate of completion</i>) Agency/Hours/Date: _____
AND
C. Be a member in good standing of the State Bar Association, a mental health professional or certified family law mediator. Bar Number: # _____ Mental Health License: _____ Certified Family Mediator: Agency/Date: _____

COURT USE ONLY:	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
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