

CUYAHOGA COUNTY DOMESTIC RELATIONS COURT
Parenting Coordination Program

Annual Parenting Coordinator Compliance Statement

Parenting Coordinator: _____ Date: _____

During the last calendar year, I completed the following Advanced Training or Continuing Education programs for Parenting Coordinators. Parenting Coordinators are required to complete at least three (3) hours per calendar year of continuing education relating to children. The continuing education may include continuing education for lawyers, social workers, psychologists, or other licensed mental health professionals and professional development events that are approved by the Dispute Resolution Section of the Supreme Court and that meet standards established by the Supreme Court Commission on Dispute Resolution.

Please attach certificates of completion, if available. Otherwise include sponsor, title, date and location of each training:

<u>Date</u>	<u>Location</u>	<u>Program Title/Contents</u>	<u>Sponsor</u>	<u>Credit Hours Completed</u>
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Check one:

I know of nothing that would disqualify me to serve as Parenting Coordinator.

The following might disqualify me to serve as Parenting Coordinator:

Within the past year, have you been convicted of any felonies or misdemeanors? _____

If so, please identify the case numbers for each case and explain the charges.

Within the past year, have you been arrested, indicted, or charged with any offense in any action that involved an abused, neglected, or dependent child, a violation of ORC 2919.25, or any sexually oriented offense? _____ If yes, please identify the court and case numbers for each case and explain the charges. _____

Within the past year, have you ever been named as a respondent in an action for a civil protection order or charged with domestic violence in any court? _____ If yes, please identify the case numbers for each action or charge: _____

Within the past year, has any referral been made to any children's services agency alleging that you abused or neglected a child? _____ If yes, please identify the allegations made in each referral and whether the allegations were substantiated, unsubstantiated, indicated, and state any other findings made. _____

Within the past year, other than as a Parenting Coordinator and/or Guardian ad Litem, are you presently or have you been a party in a civil lawsuit? _____ If yes, please identify the court in which you are/were the party and provide the case number(s) and a summary of the action(s). _____

I certify that I maintain professional liability insurance in the amounts of at least One Hundred Thousand Dollars (\$100,000) per occurrence and Three Hundred Thousand Dollars (\$300,000) in the aggregate. I enclose or attach a copy of my certificate evidencing such coverage. ***Please attach proof of insurance.***

Signature

Date

Name of Carrier: _____

Policy Number: _____

Please submit a list of all cases in which you are presently serving in the role of Parenting Coordinator in Cuyahoga County Domestic Relations Court.

Name of Case

Case Number

I certify that I am unaware of any circumstances that would disqualify me from serving as a Parenting Coordinator in the Domestic Relations Court.

Signature

Date

Annual Compliance Checklist

Completed and signed Annual Compliance Statement

Attached transcripts and/or certificates for continuing education credits

Attached proof of liability insurance