

SUPERIOR COURT OF ARIZONA IN PINAL COUNTY
Family Court Department Registration Form for
Family Court Provider Roster

NOTE: Information disclosed on this Registration Form might be considered public record, although information from this registration will generally be published by the Court. Before you complete this form, please refer to Policies and Procedures for the Service Providers. Please complete and return to Diana Hegyi @ 119 West Central Ave., Coolidge, Arizona 85228.

1. General Information

- a. Name: _____
- b. Address: _____
- c. Phone: _____ d. Fax: _____
- e. E-mail: _____
- f. Office Days and Hours: _____
- g. Language Fluency: Please list all languages in which you are fluent
 English Spanish Other _____

2. Licensure or Certification

Please provide information regarding your licensure or certification by the State of Arizona as an attorney, psychiatrist, or behavioral health professional:

- a. License or Certification number _____
- b. Date first licensed _____
- c. Agency _____
- d. Certified specialty _____

3. Education

a. Education			
Degree Awarded	Date Awarded	Institution	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

- b. How many years have you been active in practice as an attorney, psychiatrist, psychologist, or behavioral health professional?

4. Services Please list the services you want to provide. Include fee schedule.

	<u>Hourly</u> <u>Fee</u>	<u>Retainer</u> <u>Required</u>	<u>Retainer</u> <u>Amount</u>	<u>Flat Fee</u> <u>Amount</u>
<input type="checkbox"/> Parenting Coordinator	_____	<input type="checkbox"/> yes	_____	_____
<input type="checkbox"/> Custody/Access Eval/Assessments	_____	<input type="checkbox"/> yes	_____	_____
<input type="checkbox"/> Supervised Visitation	_____	<input type="checkbox"/> yes	_____	_____
<input type="checkbox"/> Therapeutic, Supervised Visitation	_____	<input type="checkbox"/> yes	_____	_____

<input type="checkbox"/>	Co-Parenting Therapy	_____	<input type="checkbox"/>	yes	_____	_____
<input type="checkbox"/>	Child Custody or Divorce Mediation	_____	<input type="checkbox"/>	yes	_____	_____
<input type="checkbox"/>	Best Interest Attorney	_____	<input type="checkbox"/>	yes	_____	_____
<input type="checkbox"/>	Settlement Conference	_____	<input type="checkbox"/>	yes	_____	_____

5. Training and Experience Please list additional training that qualifies you to provide services.

- Parenting Coordinator
 - Parenting Coordination Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have conducted _____ Parenting Coordination Services.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
- Yes, I have No, I do not have 6 hours child abuse training
- Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse

- Custody and Parenting Time Evaluation or Assessment
 - Child Custody and Parenting Time Evaluation Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have conducted _____ Evaluations or Assessments.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
- Yes, I have No, I do not have 6 hours child abuse training
- Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse

- Supervised Visitation
 - Supervised Visitation Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have conducted _____ Supervised Visitation.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
- Yes, I have No, I do not have 6 hours child abuse training
- Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse

- Therapeutic, Supervised Visitation
 - Therapeutic, Supervised Visitation Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have conducted _____ Therapeutic, Supervised Visitation.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
- Yes, I have No, I do not have 6 hours child abuse training
- Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse

- Co-Parenting Therapy
 - Co-Parenting Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have conducted _____ Co-Parenting sessions.
number of cases

- Child Custody or Family Mediation
 - Child Custody or Divorce Mediation Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have conducted _____ Child Custody or Family Mediation.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
- Yes, I have No, I do not have 6 hours child abuse training

Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse
 Yes, I have No, I do not have polices and procedures consistent with professional standards in place to protect a victim of domestic violence from harm, harassment or intimidation as required by R.F.L.P Rule 67.

- Best Interest Attorney
 Best Interest Attorney Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have been appointed in _____ matters.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
 Yes, I have No, I do not have 6 hours child abuse training
 Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse

- Settlement Conference
 ADR Training

Course(s) _____

Date(s) _____

Instructor(s) _____

In the past 24 months, I have been appointed in _____ matters.
number of cases

ARS §25 – 406 requires 6 hours of initial domestic violence and 6 hours of initial child abuse training and 4 subsequent hours of training every two years on domestic violence and child abuse.

- Yes, I have No, I do not have 6 hours of domestic violence training
 Yes, I have No, I do not have 6 hours child abuse training
 Yes, I have No, I do not have 4 subsequent hours of training every two years on domestic violence and child abuse

6. Insurance (required)

Are you insured against malpractice for the services you want to provide on this roster?

- Yes - Attach documentation
• Please note - Mediators must carry professional liability insurance.

Will you maintain that policy in good standing? Yes

7. Client Payment

- a. Payment method Cash Personal Check
 Credit Card (list which ones) _____
 Other (please explain) _____
- b. Payment requirements At end of all services to be performed
 At time service is performed Other (please explain) _____

8. Continuing Education

- Yes No I agree to attend Court sponsored or required Continuing Education.
- Yes No I am available to instruct continuing education for the court, if requested. In the areas of _____

9. Pro Bono Services

- Yes No I agree to provide 10 hours of *pro bono* Services Annually.
- Yes No I am available to provide in the following services _____

10. Other Matters: (Refer to Policies and Procedures Section III for further information to as to determination by the Court for suitability for inclusion on the Roster. Applicant may request that the court seal application and court decision on Application)

- a. At any time, have you been arrested, criminally charged or convicted of a felony, whether or not the conviction was expunged?
 No Yes (if yes, please explain and attach documentation)
- b. Within the past three years, have you been the subject of any disciplinary action by any regulatory agency?
 No Yes (if yes, please explain and attach documentation)
- c. Is there any reason that you might not be able to properly perform your duties related to the services in which you are registering to conduct?
 No Yes (if yes, please explain and attach documentation)

State of Arizona)
County of _____)

I affirm under penalty of perjury that all of the information contained in and attached to this registration form is true and accurate to the best of my knowledge, information and belief. I have read and understand the Policies and Procedures for Service Providers and I agree to abide by them. I will advise the Court in writing of any changes to the information contained in this document. I agree to provide any documentation pertaining to this registration upon request. I understand that failure to be truthful about matters related to this application or to abide by these Policies and Procedures may result in removal of my name from the applicable court roster.

Signature _____

Subscribed and sworn to before me this _____ Day of _____ 20____
by _____

Notary Public: _____ My commission expires: _____