



New Jersey Administrative Office of the Courts  
 P.O. Box 983  
 Trenton, NJ 08625  
 (609) 984-4228

**Application For Registration As A  
 Parenting Coordinator**

**For Office Use Only**

**Approved**

**Not approved**

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_

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

Telephone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

The information you furnish above will be used in all correspondence with you and in the Supreme Court's list of parenting coordinators.

I herewith apply for registration on the list of Parenting Coordinators maintained by the Administrative Office of the Courts.

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 have completed the required training for Family Mediation pursuant to R.1:40-12(5)
- I have read and am familiar with the appended procedures of Appointment of Parenting Coordinator in Child Custody and Parenting Time Disputes.
- I have attached a 50 word synopsis of my professional experience and fee schedule. I understand this will be posted on the roster for public view.
- I agree to maintain adequate records for purposes of quality control and to provide statistical information as required by the Administrative Office of the Courts.

**I certify that the foregoing statements made by me are true and that I am in good standing in my profession**

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