

FAMILIES IN TRANSITION
 Tulsa County Courthouse, Room 200
 500 S. Denver
 Tulsa, OK 74103

PARENTING COORDINATOR REGISTRATION FORM

Name: _____ Educational Background: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

How many high conflict cases can you accept per week? _____

CASE INFORMATION:

Will you accept any type of case? _____ Yes _____ No

If No, which type would you exclude?

COUNTY OF _____:
 STATE OF OKLAHOMA:

I certify that I have met the requirements set forth in the Families in Transition Plan Section VI C. I agree that any, or all, of the information listed above may be placed on the Tulsa County District Court's Families in Transition List of Parenting Coordinators which may be disseminated to the public, including through the Internet.

 Signature

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires: _____ Notary Public

Received	Attachments		
	Curriculum Vitae w/ 5 Years of Continuing Education		
	Certificate of Mediation Training		
	Copy of Diploma		
	Copy of License		
	Copy & Name of License Card	Lic. #:	Exp. Date:
	Copy of College Transcript(s)		

(Mail completed form and attachments to the above address.)