

## APPLICATION FOR COLLABORATIVE DIVORCE PROFESSIONALS

Please complete the information below and then click on the appropriate link.

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

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

[ATTORNEYS](#)

[MENTAL HEALTH PROFESSIONALS](#)

[FINANCIAL PROFESSIONALS](#)

### I. [ATTORNEYS\\*](#)

(1) Are you an attorney in good standing admitted to practice in New York (Y or N)? \_\_\_ Yr Admitted \_\_\_\_\_

(2) Do you practice in New York City (Y or N)? \_\_\_\_\_

(3) Do you have at least 5 years of substantive experience practicing matrimonial law (Y or N)? \_\_\_\_\_

(4) If you do not, state how many years you have practiced matrimonial law and describe other relevant legal experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) Do you have other relevant training or experience in areas such as mediation/professional coaching (Y or N)? \_\_\_\_\_ Please explain. \_\_\_\_\_  
\_\_\_\_\_

(6) Have you participated in any 2-day collaborative law training sessions? If so, state session(s) and date(s) attended. \_\_\_\_\_

(7) Have you participated in at least 30 hours of mediation training? If so, state session(s) and date(s) attended. \_\_\_\_\_

(8) Do you belong to an existing Collaborative Law practice group? (Y or N)? \_\_\_\_\_ Please state the name of the group: \_\_\_\_\_

(9) Are you willing to perform a certain minimum number of hours of pro bono/low bono service in exchange for free training? (Y or N)? \_\_\_\_\_

(10) How did you hear about the OCA's Roster of Collaborative Divorce Professionals? (Check all that apply)

Bar Association  Colleague  Court House Flyer  Court Web Site  Other \_\_\_\_\_

(11) Do provide services in other language? If so, what language \_\_\_\_\_

(12) Please provide the names of two judges that we may contact regarding your matrimonial experience:

NAME: \_\_\_\_\_

COURT: \_\_\_\_\_

NAME: \_\_\_\_\_

COURT: \_\_\_\_\_

(13) Please provide the names of two opposing counsel that we may contact regarding your matrimonial experience:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

(14) In the event you are unable to provide the requested references for questions 12 or 13, please explain why and provide alternative references (examples include volunteer organizations, bar committees etc.)

\_\_\_\_\_  
\_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

**II. MENTAL HEALTH PROFESSIONALS\***

(1) Do you practice in New York City (Y or N)? \_\_\_\_\_

(2) Are you a  Psychiatrist  Psychologist  Psychoanalyst  Lic. Mental Health Counselor (LMHC)  Lic. Clinical Social Worker (LCSW)  Lic. Master Social Worker (LMSW)  Lic. Marriage and Family Therapist (LMFT)  Other \_\_\_\_\_

(3) Describe your training and experience working with divorcing couples and/or children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Have you participated in any 2-day collaborative law training sessions? If so, state session type and date(s) attended. \_\_\_\_\_

(5) Have you participated in at least 30 hours of mediation training? If so, state session(s) and date(s) attended. \_\_\_\_\_

(6) Do you belong to an existing Collaborative Law practice group? (Y or N)? \_\_\_\_ Please state the name of the group: \_\_\_\_\_

(7) Are you willing to perform a certain minimum number of hours of pro bono/low bono service in exchange for free training? (Y or N)? \_\_\_\_\_

(8) How did you hear about OCA's Roster of Collaborative Divorce Professionals? (Check all that apply)

Bar Association  Other Professional Organization \_\_\_\_\_  Colleague

Court House Flyer  Court Web Site  Other \_\_\_\_\_

(9) Have you taken any course work aimed at giving you a basic overview of family law in NY? (Y or N) \_\_\_\_\_

Please describe:

(10) Do you provide services in other language? If so, what language \_\_\_\_\_

(11) Please provide the names of two references that we may contact regarding your experience:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

### **III. FINANCIAL PROFESSIONALS\***

(1) Do you practice in New York City (Y or N)? \_\_\_\_\_

(2) Are you a  Certified Financial Planner  Certified Public Accountant  Certified Divorce Financial Analyst  Other \_\_\_\_\_

(3) Describe training and experience working with divorcing couples \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(4) Have you participated in any 2-day collaborative law training sessions? If so, state session(s) type and

date(s) attended. \_\_\_\_\_

(5) Have you participated in at least 30 hours of mediation training? If so, state session(s) and date(s) attended.

(6) Do you belong to an existing Collaborative Law practice group? (Y or N)? \_\_\_\_ Please state the name of the group: \_\_\_\_\_

(7) Are you willing to perform a certain minimum number of hours of pro bono/low bono service in exchange for free training? (Y or N)? \_\_\_\_\_

(8) How did you hear about joining the OCA Collaborative Divorce Professional Roster (Check all that apply)

Bar Association  Other Professional Association \_\_\_\_\_  Colleague  Court House Flyer

Court Web Site  Other \_\_\_\_\_

(9) Have you taken any course work aimed at giving you a basic overview of family law in NY? (Y or N) \_\_\_\_\_

Please describe:

(10) Do you provide services in other language? If so, what language \_\_\_\_\_

(11) Please provide the names of two references that we may contact regarding your experience:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

**PLEASE CHECK BOXES:**

I understand that by attending OCA-sponsored, free training programs in Collaborative Practice, I may be asked to perform a certain minimum amount of pro bono service.

I understand that final placement on a roster is subject to approval of the Administrative Judge in consultation with the Office of Alternative Dispute Resolution and Court Improvement Programs.