

# Collaborative Divorce Professionals, Inc.

[www.collaboratedontlitigate.com](http://www.collaboratedontlitigate.com)

## NEW MEMBER APPLICATION

Application Fee: \$25.00(non-refundable) Annual Dues: \$350.00 Attorney & Financial  
Practitioners (Jan –Dec) \$200.00 Mental Health Professional  
\$100.00 Community Support Member

Please send completed application along with non-refundable Application Fee made payable to Collaborative Divorce Professionals, Inc. to:

Collaborative Divorce Professionals  
PO Box 187  
Panama City, FL 32402

Any questions: Please email: [collaboratedontlitigate@yahoo.com](mailto:collaboratedontlitigate@yahoo.com)

### **PART I – General Information**

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Office Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Office Fax: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please indicate your primary address for our directory listing: Address: Office\_\_\_\_ Home\_\_\_\_  
CDPI may publish the following phone numbers: Office\_\_\_\_ Home\_\_\_\_ Cell\_\_\_\_ Fax\_\_\_\_  
CDPI may publish my email address: Yes\_\_\_\_ No\_\_\_\_

Area of Expertise:\_\_\_\_\_ **Attach your Resume or Curriculum Vitae**

Please indicate the number of years of practice in your field \_\_\_\_\_

**Committees:** Please indicate the committee(s) that may be of interest to you:  
\_\_\_\_ Education                      \_\_\_\_ Membership                      \_\_\_\_ Peer Mentoring  
\_\_\_\_ Standards & Practice        \_\_\_\_ Marketing                              \_\_\_\_ Other

Know any Foreign Languages? \_\_\_\_\_

**PART II -Education and Training** *Complete if information is not on your CV)*

Post-secondary Education - Institution	Degree	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mediation Training -Course Format	Date	No. of Credits
_____	_____	_____
_____	_____	_____

Collaborative Training - Course Format	Date	No. of Credits
_____	_____	_____
_____	_____	_____

List all professional licenses held by you currently

Description	State of Issuance	Date First Issued	Current Standing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In Florida or any other jurisdiction:

- A. Has your license to practice any profession ever been suspended or revoked: No \_\_\_ Yes \_\_\_\*
- B. Have you ever been convicted of or pleaded guilty to a crime or misdemeanor : No \_\_ Yes \_\_\*
- C. Are you aware of any pending disciplinary action against you? No \_\_ Yes \_\_\*
- D. Are you requesting waiver(s) of any of the requirements for acceptance? No \_\_ Yes \_\_\*

\* If yes, please provide an explanation of a separate sheet of paper. If yes, for question D above, please identify the requirement(s) which you request to be waived, and the reasons why the Board should grant such a waiver. Note, that a "yes" to any of the above questions will **not** automatically disqualify you from earning membership.

### **PART III - Member Requirements**

I understand that the requirements of membership include the following:

#### **L PRACTITIONER**

Practitioners are members who meet the following qualifications, which include attorneys, mental health professionals and financial professionals. Practitioners are listed in all member directories and on the CDPI Website when all training is completed.

##### Attorneys

1. Must be licensed in the State of Florida and in good standing;
2. Must have completed a minimum of 14 hours of collaborative law training to be completed within 12 months of being admitted to membership ;
3. Must participate in continuing education in the fields of family law, mediation or collaborative law for a minimum of 4 hours per year;

##### Mental Health Professionals

1. Must be licensed in the State of Florida and have a designation of Ph.D., Psy.D., (licensed psychologist); LMHC; LCSW; LMFT; LPC or Psychiatrist (MD or DO);
2. Must have completed a minimum of 14 hours of collaborative law training to be completed within 12 months of being admitted to membership;
3. Must participate in continuing education in the fields of family law, mediation or collaborative law for a minimum of 4 hours per year; and

##### Financial Professionals

1. Must be licensed in the State of Florida and/or have a designation of CFP, CPA, CDFA, CMA, ASA or ABV;
2. Must have completed a minimum of 14 hours of collaborative law training to be completed within 12 months of being admitted to membership;

3. Must participate in continuing education in the fields of family law, mediation or collaborative law for a minimum of 4 hours per year; and

**II. COMMUNITY SUPPORT MEMBER**

Community Support Members are members who simply support the ideals and goals of collaborative divorce. Their expertise is varied and may support collaborative clients in unique ways, for instance, realtors, life coaches, handymen.

1. Must be licensed in their area of expertise, if applicable.

**I hereby apply for membership as: (Check One)**

\_\_\_\_\_ **PRACTITIONER**

in the Collaborative Divorce Professionals, Inc. (CDPI). I hereby represent that I am a Florida licensed attorney or other qualified professional in good standing; that I am familiar with and support the goals, purposes and philosophy of the CDPI and when accepted to membership, I agree to abide the Bylaws, as well as rules, protocols of practice, and regulations promulgated by its Executive Board.

\_\_\_\_\_ **COMMUNITY SUPPORT MEMBER**

in the Collaborative Divorce Professionals, Inc. (CDPI). I hereby represent that I am a professional in good standing with any applicable licensing authority.

I will strive to encourage collaborative law in my practice or business. I understand that failure to comply with these requirements may result in the suspension of my membership.

I affirm that all of the information submitted is true and accurate and shall be relied upon by CDPI in reviewing my application for membership. Any negative change of status during the application process or subsequent to acceptance as a member shall be brought to the attention of CDPI immediately.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

Please note:

Memberships will not be granted or continued to anyone who is under sanctions or exclusion by any duly authorized enforcement agency, licensing and/or disciplinary authority; or

Providing incorrect information, withholding information or presenting materially false information is grounds for not approving membership or revoking membership.

Application Checklist

Completed and signed Application

Non-refundable Application Fee of \$25.00

Annual Dues      (\$ 350.00 for Attorneys & Financial Practitioners)  
                                 (\$ 200.00 for Mental Health Practitioners)  
                                 (\$ 100.00 for Community Support Members)

Please also know that for new members there is a one-half rate first year reduction in the amount of the annual dues that will be assessed, as well as for members of other collaborative groups who offer reciprocity

Curriculum Vitae or Resume