

# **INSTRUCTIONS FOR FLORIDA FAMILY LAW RULES OF PROCEDURE FORM 12.984, RESPONSE BY PARENTING COORDINATOR (01/10)**

## **When should this form be used?**

A person appointed as a parenting coordinator must accept or decline the appointment under Florida Family Law Rule of Procedure 12.742(d). If you accept the appointment, you must complete paragraphs 1(a) and 2 and sign it. If you decline the appointment, you must complete only paragraph 1(b) and sign the form. This form should be typed or printed in black ink.

## **Important Consideration Before Responding.**

A Qualified Parenting Coordinator or other licensed mental health professional under Chapter 490 or 491, Florida Statutes, shall abide by the ethical and other professional standards imposed by his or her licensing authority, certification board, or both, as applicable.

A person that is not a Qualified Parenting Coordinator or a licensed mental health professional under Chapter 490 or 491, Florida Statutes, shall not accept an appointment to serve as parenting coordinator in a matter that presents an apparent or undisclosed conflict of interest. A conflict of interest arises when any relationship between the parenting coordinator and either party compromises or appears to compromise the parenting coordinator's ability to serve. The burden of disclosure of any potential conflict of interest rests on the parenting coordinator. Disclosure shall be made as soon as practical after the parenting coordinator becomes aware of the potential conflict of interest. If a parenting coordinator makes an appropriate disclosure of a conflict of interest or a potential conflict of interest, he or she may serve if all parties agree. However, if a conflict of interest substantially impairs a parenting coordinator's ability to serve, the parenting coordinator shall decline the appointment or withdraw regardless of the express agreement of the parties.

A parenting coordinator shall not provide any services to either party that would impair the parenting coordinator's ability to be neutral.

## **What should I do next?**

After completing and signing this form, you must file the original with the clerk of the circuit court in the county in which the action is pending and keep a copy for your records.

You must mail or hand-deliver a copy of this form to the attorney(s) for the parents or, if not represented by an attorney, to the parents.

## **Where can I look for more information?**

**Before proceeding, you should read "General Information for Self-Represented Litigants" found at the beginning of these forms.** For more information, see section 61.125, Florida Statutes, Florida Family Law Rule of Procedure 12.742, and the **Order of Referral to Parenting Coordinator**, Florida Family Law Rules of Procedure Form 12.998.

### **Special notes**

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**, Florida Family Law Rules of Procedure Form 12.900(a), before he or she helps you. A nonlawyer helping you fill out these forms also must put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL CIRCUIT,  
IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

Case No: \_\_\_\_\_  
Division: \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,  
And  
\_\_\_\_\_,  
Respondent.

**RESPONSE BY PARENTING COORDINATOR**

I, {name} \_\_\_\_\_ notify the Court and affirm the following:

1. Acceptance.  
[Choose only **one**]
  - a. \_\_\_ I accept the appointment as parenting coordinator.
  - b. \_\_\_ I decline the appointment as parenting coordinator.
  
2. Qualifications.  
[Choose only **one**]
  - a. \_\_\_ I meet the qualifications in section 61.125(4), Florida Statutes.
  - b. \_\_\_ I do not meet the qualifications in section 61.125(4), Florida Statutes. However, the parties have chosen me by mutual consent and I believe I can perform the services of a parenting coordinator because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. I am not aware of any conflict, circumstance, or reason that renders me unable to serve as the parenting coordinator in this matter and I will immediately inform the court and the parties if such arises.
  
4. I understand my role, responsibility, and authority under the Order of Referral to Parenting Coordinator, Florida Family Law Rules of Procedure Form 12.998 and section 61.125, Florida Statutes.

I hereby affirm the truth of the statements in this acceptance and understand that if I make any false representations in this acceptance, I am subject to sanctions by the Court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Professional License # (if applicable) \_\_\_\_\_  
Professional Certification # (if applicable) \_\_\_\_\_

Copies to: Attorney for Parent #1 OR Parent #1 if not represented by Counsel  
Attorney for Parent #2 OR Parent #2 if not represented by Counsel

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:** [fill in all blanks]

I, *{full legal name and trade name of nonlawyer}* \_\_\_\_\_,  
a nonlawyer, whose address is *{street}* \_\_\_\_\_, *{city}* \_\_\_\_\_,  
*{state}* \_\_\_\_\_, *{phone}* \_\_\_\_\_, helped *{name}* \_\_\_\_\_, who is  
the petitioner, fill out this form.