

PARENTING COORDINATOR
AFFIDAVIT OF COMPLIANCE

I, {full legal name} _____ being sworn, certify that I continue to meet all the qualifications to be a Parenting Coordinator listed in Section 61.125 (4) Florida Statutes and in Florida Supreme Court Administrative Order AOSC14-64.

I further certify that none of the “Disqualifications of Parenting Coordinator” listed in Section 61.125 (5) Florida Statutes apply to me.

Full Name:
(Print)

--

Florida Bar
Number:
(if applicable)

--

Business Address:

--

Email Address:

--

Phone:

--

Signature

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by

_____.

NOTARY PUBLIC

(Print, type, or stamp commissioned name of notary)

___ Personally known

___ Produced identification

Type of identification produced: _____