

FAMILIES IN TRANSITION
Tulsa County Courthouse, Room 356
500 S. Denver
Tulsa, OK 74103

Information Form
Child Custody Evaluator, Guardian Ad Litem (GAL), Mediator,
& Parenting Coordinator

(This information will be provided to the public on the FIT website and resource notebook. It is based on information provided by the provider on _____, and may be subject to change without notice.)

Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Education (JD, MSW, MA, PhD, etc.): _____

Current Profession & Licensure: _____

Registration Information (check all that apply):

- | | | | |
|--|---|--|------------------------------|
| <input type="checkbox"/> Mediator | <input type="checkbox"/> Parenting Coordinator | <input type="checkbox"/> Custody Evaluator | <input type="checkbox"/> GAL |
| check one: | check one: | | |
| <input type="checkbox"/> General | <input type="checkbox"/> Mediation certified | | |
| <input type="checkbox"/> Domestic Violence
Violence | <input type="checkbox"/> Mediation & Domestic
Violence certified | | |

Case Information:

Are there any types of case you do not wish to work with? _____

Fee Information:

What are your current hourly rates?

Mediator _____

Parenting Coordinator _____

Custody Evaluator _____

Do you require a retainer? (Specify terms) _____

Languages: Speak: _____

Read: _____

Understand: _____

Your Signature: _____ **Date:** _____