



Collaborative Family Law Group of Northeast Florida, Inc.

MENTAL HEALTH AND FINANCIAL PROFESSIONAL APPLICATION

Printed Name: _____

Profession: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Firm Website: _____

Counties of Practice: _____

I understand that, to become and remain a member of Collaborative Family Law Group of Northeast Florida, Inc., I shall:

- Remain licensed to practice in my profession in Florida and in good standing with the appropriate licensing or certification board in the State of Florida.
- Adhere to the principles and guidelines of collaborative family law as prescribed by Collaborative Family Law Group of Northeast Florida, Inc.
- Complete an approved collaborative law training session within one year of membership.
- Participate in continuing professional education as required by Collaborative Family Law Group of Northeast Florida, Inc.
- Maintain accreditation in the specialty field under which you are applying for membership in Collaborative Family Law Group of Northeast Florida, Inc.
- ***Pay annual mental health professional and financial affiliate membership dues as required (currently \$200.00).**
- Apply principles of collaborative law in applicable cases.
- Financial Professionals: Devote at least 25 % of practice to forensic accounting, taxation or financial planning for family matters.
- Mental Health Professionals: Devote at least 50% of practice to counseling for couples, individuals and/or children on family issues or divorce coaching.

Please send check payable to: **Collaborative Family Law Group of Northeast Florida, Inc.** with this form to the following address:

c/o Laura Giovannetti, Esquire
6817 Southpoint Parkway, Suite 403
Jacksonville, FL 32216

Signed: _____ Date: _____

License/Certification No.: _____ Annual Dues Enclosed: \$ _____