

New York State Office of Court Administration
Office of ADR and Court Improvement Programs
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New York, NY 10004
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COLLABORATIVE LAW TRAINING APPLICATION

Date: _____

NAME: _____

ADDRESS: _____

E-MAIL: _____

PHONE: _____

FAX: _____

I. ATTORNEYS*

(1) Are you an attorney in good standing admitted to practice in New York (Y or N) _____ Yr Admitted _____

(2) Do you practice in New York City (Y or N)? _____

(3) Do you have at least 5 years of substantive experience practicing matrimonial law (Y or N)? _____

(4) If you do not, state how many years you have practiced matrimonial law and describe other relevant legal experience _____

(5) Do you have other relevant training or experience in areas such as mediation/professional coaching (Y or N)? _____ Please explain. _____

(6) Have you participated in any 2-day collaborative law training sessions? If so, state session(s) and date(s) attended. _____

(7) Have you participated in at least 30 hours of mediation training? If so, state session(s) and date(s) attended. _____

(8) Do you belong to an existing Collaborative Law practice group? (Y or N)? _____ Please state the name of the group: _____

(9) Are you willing to perform a certain minimum number of hours of pro bono/low bono service in exchange for free training? (Y or N)? _____

(10) How did you hear about the upcoming OCA-sponsored Collaborative Law training? (Check all that apply)

Bar Association Colleague Court House Flyer Court Web Site Other _____

II. MENTAL HEALTH PROFESSIONALS*

(1) Do you practice in New York City (Y or N)? _____

(2) Are you a Psychiatrist Psychologist Psychoanalyst Lic. Mental Health Counselor (LMHC)
 Lic. Clinical Social Worker (LCSW) Lic. Master Social Worker (LMSW) Lic. Marriage and Family
Therapist (LMFT) Other _____

(3) Describe your training and experience working with divorcing couples and/or children _____

(4) Have you participated in any 2-day collaborative law training sessions? If so, state session type and date(s) attended. _____

(5) Have you participated in at least 30 hours of mediation training? If so, state session(s) and date(s) attended. _____

(6) Do you belong to an existing Collaborative Law practice group? (Y or N)? _____ Please state the name of the group: _____

(7) Are you willing to perform a certain minimum number of hours of pro bono/low bono service in exchange for free training? (Y or N)? _____

(8) How did you hear about the upcoming OCA-sponsored training? (Check all that apply) Bar Association
 Other Professional Organization _____ Colleague Court House Flyer Court Web Site
 Other _____

III. FINANCIAL PROFESSIONALS*

(1) Do you practice in New York City (Y or N)? _____

(2) Are you a Certified Financial Planner Certified Public Accountant Certified Divorce Financial Analyst Other _____

(3) Describe training and experience working with divorcing couples _____

(4) Have you participated in any 2-day collaborative law training sessions? If so, state session(s) type and date(s) attended. _____

(5) Have you participated in at least 30 hours of mediation training? If so, state session(s) and date(s) attended. _____

(6) Do you belong to an existing Collaborative Law practice group? (Y or N)? _____ Please state the name of the group: _____

(7) Are you willing to perform a certain minimum number of hours of pro bono/low bono service in exchange for free training? (Y or N)? _____

(8) How did you hear about the upcoming OCA-sponsored training? (Check all that apply) Bar Association
 Other Professional Association _____ Colleague Court House Flyer Court Web Site
 Other _____

***Attendees of OCA-sponsored, free training programs in Collaborative Law may be asked to perform a certain minimum numbers of hours of pro bono service. In addition, please note that final placement on court rosters is subject to approval of the New York State Unified Court System.**