



VDC Membership Application

COLLABORATIVE-MEDIATION PRACTICE

(Please read VDC Bylaws. See "For Professionals" section on VirtualDivorceCa.com)

**1. Personal Information**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_

**Work Telephone :** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_

**Work/Occupation:** \_\_\_\_\_

**Employed By:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Member of LACFLA? Y / N LACFLA via Other Practice Group? Y / N**

**Member of IACP? Y / N (Students Exempt.)**

**PROFESSION:**

**Attorney**  **Coach/Child Specialist**  **Financial Specialist**  **Student (What area?)**

**Other:** Describe, please: \_\_\_\_\_

**RELEVANT MEMBERSHIP STATUS:  Student  Provisional  Associate or  Professional**

(See Bylaws for requirements)

**MINIMUM TRAINING COMPLETED:**

**30-40 HOURS OF FAMILY LAW &/or TRUSTS & ESTATES MEDIATION TRAINING**

**2-3 DAYS BASIC COLLABORATIVE PRACTICE TRAINING (check all that apply):**

Collaborative Trusts & Estates

Collaborative Divorce

Name:

Relevant Membership Status (Prof/Assoc/Prov/Student):

**\_\_\_ I understand that completing Mediation & Collaborative Training within the first year of VDC Membership is required.**

**2. Education & Training: Current Student Status?**

i. Last degree obtained, where & date graduated:

ii. **Collaborative Practice Training** (Minimum 2-3 day training, in either Divorce or Trusts & Estates.)  
Please provide: dates, trainer name(s), institution providing the training, and hours completed. **Attach copy of certificate(s).**

iii. **Mediation Training** related to Family Practice and/or Trusts & Estates (Minimum 30 hour course).  
Please provide: dates, trainer name(s), institution providing training, and hours completed. **Attach copy of certificate(s).**

**3. Licenses & Certifications**

i. Please list type(s) of license(s)/certification(s) you have and date(s) obtained:

ii. Please List:

Student Status: (Describe pre-license/pre-certification status & place of study)

Attorneys - Your CA State Bar Number:

Therapists/Psychologists - Your CA License Type & Number:

CFP's & CDFA's (Must have both) – CFP Board ID Number:

CPA's & CDFA's (Must have both) – Your CA License Number:

Mortgage Brokers (Must be CDLP's) and Realtors (Must be CDRE's or Equivalent per Bylaws):

Relevant California Certification Types & Numbers:

Other Associate Professionals (Career Counselors, Home organizers, etc.):

**4. Malpractice Insurance** **Please attach** the declarations page(s) of your policy. It is your responsibility to ensure your insurance covers Mediation & Collaborative areas of your practice. Students must obtain any liability insurance required by their Certification & Licensing Boards given their status, and may be required by their Mentor to obtain insurance for mediation and collab. practice if Students wish to shadow on cases.

**5. License/Designation Suspension/Revocation & Arrest/Conviction Record:**

i. **I declare that I am an active member in good standing with all relevant licensing/certification/designation authorities related to my profession. Y/N**

ii. **Have you ever had your license/certification/designation or student-intern status suspended, revoked, or been subject to disciplinary action by a professional certification or licensing board or similar agency? Y/N** (Discipline includes but is not limited to: warnings, private or public letters of admonition, private probation, public probation, supervision or disablement.)

iii. **Are there any pending disciplinary actions with any disciplinary authority? Y/N**

Name:

Relevant Membership Status (Prof/Assoc/Prov/Student):

- iv. **Have you ever been convicted, pled guilty or pled no contest regarding any criminal matter?**  
Y/N

**Attached Explanation Required:** If you said “yes” to any of the above (5ii-iv), please provide an attached complete explanation, including: dates & description of resolution, outcome and whether certification/license/designations were reinstated. Note: failure to disclose the above, or to update VDC on annual attestation forms will result in removal from VDC. Please talk to someone from the Membership Committee if you have any questions or concerns.

**6. Experience & Affiliations:** Please list collaborative practice/CDR experience and related organization affiliations (including other practice groups), &/or **attach a current CV** that describes the same.

**7. Virtual Divorce CA Participation**

i. What appeals to you about being a VDC Member? What do you hope to gain?

ii. What do you hope to contribute? Share?

iii. Briefly share how you addressed a recent challenge with a colleague. What was effective? What wasn't effective?

iv. Please identify top 3 choices for VDC committee(s)/subcommittee(s) you are interested in serving (Exec. Committee is elected). All VDC Members serve on a minimum of 1-2 committees.

1<sup>st</sup> Choice:

2<sup>nd</sup> Choice:

3<sup>rd</sup> Choice:

**COMMITTEES:**

- Diversity
- Membership
- Programs & Events
- Divorce Options & Liaisons
- Trust & Estates Options
- CPCal Delegates
- Marketing (6 subcommittees on right)

**Marketing (6 Subcommittees):**

- Website updates
- Content Marketing (blogs 4 website)
- Advertising – Mailchimp mailings re Events, Div & T & E Options, Feature Members, Newsworthy events, etc.
- Social Media – VDC Presence
- Divorce Options and T & E Options marketing
- Diversity/social justice related marketing

**8. LACFLA and IACP Membership:** (Students exempt from both. May request scholarships from LACFLA/IACP.)

**LACFLA membership:** (Required, if live or have office in LA County) Y/N

- i. Note: Individual VDC members must purchase LACFLA membership when they live or have an office in LA County. Each VDC member can pay lower whole-group LACFLA membership rates if submit payment to the Treasurer (who in turn pays LACFLA by Jan 1), provided:
- More than 50% of VDC's members reside or have an office in Los Angeles County, and
  - All LA-County VDC Members are also LACFLA members.
- ii. Make your check out to VDC Treasurer, *Brett Cicinelli*, CFP. Note “LACFLA DUES” in memo and mail to: 16832 Otsego St., Encino, CA 91436 (Cell: 310.422.5396)

Name:

Relevant Membership Status (Prof/Assoc/Prov/Student):

- iii. Please consult the Treasurer about how to handle your LACFLA membership dues if you join mid-year or later.
- iv. *If you are not yet collaboratively trained*, you may qualify for a free or reduced LACFLA membership fee for the first year by registering for their training at LACFLA.org.

### **IACP Membership (Required) Y/N**

Note: VDC pays to be a *practice group member* of CPCal, our collaborative, state-level, umbrella organization. *Individuals cannot join CPCal*. Our CPCal group membership nevertheless requires *individual* membership in IACP (International Academy of Collaborative Professionals), the international, umbrella collaborative organization. Because VDC requires *all* its members to be IACP members, individual IACP members pay a lower whole-group rate.

**9. Please provide information below.** *If you are a STUDENT* finishing your JD, Accounting or MHP licensing hours, or you haven't taken the Mediation &/or Collaborative Training yet, *no problem*. Just tell us *clearly* where you are in the process, place of study, and indicate "STUDENT" next to your professional area of study.

#### **A. ATTORNEYS: Divorce**

- Percentage of practice devoted to Dissolution/Family Law issues:
- Number of years practicing Family Law:
- Approximate number of Family Law cases in past 3 years:
- Number of MCLE's taken in the past 2 years, in Family Law, Mediation & Collaborative:

#### **ATTORNEYS: Trusts & Estates**

- Percentage of practice devoted to Probate, Trusts & Estates Planning / Litigation:
- Number of years practicing in Probate, Trusts & Estates:
- Approximate number of Probate, Trusts & Estates – related cases in past 3 years:
- Number of MCLE's taken in past 2 years, related to Probate, Trusts & Estates:

#### **B. LICENSED MENTAL HEALTH PROFESSIONALS:**

- Current percentage of practice devoted to work with children in divorce context?  
Age Range of Children Treated: \_\_ - \_\_\_\_
- Percentage of practice devoted to Divorce/Family Law Issues in past 3 years?
- Number of years addressing divorce-related conflict issues? Probate/Trusts & Estates?
- Years' experience developing co-parenting/parenting agreements?  
Parenting plans, custody arrangements?
- Any special training related to high conflict divorce? Child custody issues, children of divorced parents, etc.?
- Number of CEU's taken in past 2 years related to Divorce, Mediation & Collaborative Practice?  
Related to Probate, Trusts & Estates?

#### **C. FINANCIAL SPECIALIST/CPA's and CFP's must also be CDFA's**

- Percentage of practice devoted to Divorce in past 3 years:
- Percentage of practice devoted to Probate, Trusts & Estates in past 3 years:
- MCLE's for continuing education courses in the past 2 years related to Divorce?  
Trusts & Estates? Mediation & Collaborative Practice?

#### **D. OTHER CONSULTING PROFESSIONALS (e.g. Mortgage Brokers, Realtors, etc.)**

Name:

Relevant Membership Status (Prof/Assoc/Prov/Student):

- Percentage of practice devoted to Divorce in past 3 years:
- Percentage of practice devoted to Probate, Trusts & Estates in past 3 years:
- Number of continuing education courses in the past 2 years related to Divorce?  
Trusts & Estates?      Mediation & Collaborative Practice?

**10. Affirmation:** I have read and agree to adhere to all VDC Bylaws and Membership Requirements as follows:

- Comply with all VDC rules and procedures, including the requirement to withdraw when a collaborative process breaks down, per the Stipulation and Order re Collaborative Law (Disqualification Clause).
- Allow the publication of my name on VDC materials, including the Website, per membership requirements.
- Furnish non-confidential information about my collaborative cases for VDC statistical and evaluation purposes.
- Communicate with the relevant VDC Professionals in a timely fashion regarding attending Team, Committee & Monthly Meetings, be on time, and offer my best efforts as a VDC Member, Committee Member and as a Team Member throughout any Mediation-Collaborative process.
- Request, annually review and follow VDC's Conflict Management Protocols as challenges arise with a Colleague, within the Group, on a Team or with Clients.
- Agree, per these Conflict Management Protocols, to serve on the Facilitation Committee, if called on.
- Read Diversity Educational Guide and follow Diversity Guidelines for engaging fellow members and community at large. (Not completed as of 4/10/23 so you are agreeing in advance, after reading VDC's most current draft.)
- Complete an Exit Survey and brief Interview if I should elect to leave VDC for any reason.
- Use my best efforts to fully consider and disclose any conflicts of interest, or potential conflicts of interest, that I may have with clients, and to disclose these to my Team prior to accepting an appointment to a Mediation or Collaborative Team.
- If any unforeseen conflict or potential conflict of interest arises during the Mediation/Collaborative process, I will immediately notify the Mediation/Collaborative Team, and solicit guidance from coaches regarding how to inform clients. Subject to the approval of the Team, I will not proceed to serve in these Mediation/Collaborative sessions and will work to ensure a smooth transition to another professional.
- Maintain the strict confidentiality of all Mediation/Collaborative communications and writings, and will not reveal the identity of clients served: Clients' identities are considered confidential under the California Dispute Resolution Programs Act. To further ensure confidentiality I will use a system that preserves anonymity to refer to cases *in emails or other materials that risk being intercepted*.
- Make check(s) out to VDC's current Treasurer, and mail to: Brett Cicinelli, CFP, note "VDC Initiation Fee + Dues" in memo as applicable, 21711 Dumetz Rd, Woodland Hills, CA 91364. Questions? Brett's Cell: 310.422.5396. Note: Initiation Fee = \$350 for 2024; Membership Dues = \$400.00 for 2024. Check will be returned if for any reason membership is not approved.

I declare under penalty of perjury that the foregoing is true and correct, and that I have met the minimum requirements for the Membership Status Requested.

**Signature:**

**Date:**

Name:

Relevant Membership Status (Prof/Assoc/Prov/Student):

THE FOLLOWING CO-SPONSOR SIGNATURES ARE REQUIRED to ease your transition as a new member. You are encouraged to meet virtually for even 30 minutes with one of each of the following types of professional VDC members that *you do not already know*. Co-sponsors' signatures are not certifying anything except that you met with new members!!

**Collaborative Attorneys** in Divorce or Trusts & Estates:

Name:

Signature:

**Collaborative Coach/Child Specialist** in Divorce or Trusts & Estates:

Name:

Signature:

**Collaborative Financial Specialist** in Divorce or Trusts & Estates:

Name:

Signature: