

Name:

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



Virtual Divorce
CALIFORNIA
Divorce with Dignity
VirtualDivorceCA.com

VDC Membership Application

COLLABORATIVE-MEDIATION PRACTICE

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

Please respond to each question below, and attach needed documents.

For Y/N responses, please highlight your preferred option (e.g. **Y**/N) Thank you!

1. **Personal Information**

NAME:

Date of Birth:

Home Address:

Gender:

Preferred Pronouns:

Work Phone:

Cell Phone:

Preferred Email:

Work/Occupation Information:

Employed by:

Work Mailing Address:

Website Address:

Current LACFLA Member? Y / N Current LACFLA Member via Other Collab. Practice? Y / N

Current IACP Member? (Students exempt) Y / N

PROFESSION:

☐ Attorney ☐ MHP ☐ Financial Specialist - Type:

☐ Student - Area of Study:

☐ Other – Describe please:

VDC MEMBERSHIP STATUS BEING PURSUED: (See Bylaws for Requirements)

☐ Student ☐ Provisional ☐ Associate OR ☐ Professional

LEVEL CURRENT TRAINING RELEVANT FOR MEMBERSHIP: (Check all that apply)

☐ 30-40 Hours of Mediation Training in Family Law &/or Trusts & Estates Training

☐ 2-3 Days of Basic Collaborative Practice Training in Collaborative Divorce &/or Trusts & Estates

Name:

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____ I understand that VDC Membership requires completing Mediation & Collaborative Training within the first year of membership.

2. Education & Training:

- i. Current Student Status?
- ii. Last degree obtained, where & date graduated:
- iii. Collaborative Practice Training (Minimum 2-3 day training in either Divorce or Trusts & Estates). Please provide: Dates, trainer name(s), institution providing training & hours completed. **Attach copy of certificate(s).**
- iv. Mediation Training related to Divorce and/or Trusts & Estates (Minimum 30-hr course). Please provide: Dates, trainer name(s), institution providing training & 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 and 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
- 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 5ii-iv above,** please provide an attached complete explanation, including: dates & description of resolution, outcome and whether certification/license

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designations were reinstated. Note: failure to disclose the above, or to update VDC on annual attestation forms will result in removal from VDC. Please discuss with VDC Membership Committee Chair 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? What did you learn?
- iv. **Please highlight 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.

COMMITTEE OPTIONS:

- 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.) **IACP Membership Required** - **Please attach receipt.**

LACFLA membership: (Required, if live or have office in LA County)

- 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)
- 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 LACFLA's collaborative training at LACFLA.org.

Note: VDC pays to be a practice group member of CP Cal, our collaborative *state* umbrella organization. This CP Cal group membership requires our individual membership in IACP (International Academy of Collaborative Professionals), the *international* umbrella collaborative organization. VDC requires all its members to be IACP members, so individual

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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, your place of study and indicate "STUDENT" next to your professional areas of study below.*

A. ATTORNEYS: Divorce

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

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 CEUs 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.)

- 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 units in the past 2 years related to Divorce?
Trusts & Estates?
Mediation & Collaborative Practice?

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10. **Affirmation:** I have read and agree to adhere to all VDC Bylaws and Membership Requirements, in addition to the following:

- 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**).
- I agree to use the **Streamlined Protocols** to ensure efficiency, reduce client costs and to retain professional control over Team Mediations and Collaborative Divorce processes.
- Allow the publication of my name on VDC materials, including the Website, per membership requirements.
- Furnish VDC requested non-confidential information about my mediation/collaborative cases for statistical and evaluation purposes.
- Communicate with relevant VDC Professionals in a timely fashion regarding attending Team, Committee & Monthly Meetings, be on time and offer best efforts as a VDC Member, Committee Member and Team Member throughout any Mediation-Collaborative process.
- Request, annually review and follow VDC's **Conflict Management Protocols** when challenges arise with a Colleague, within VDC, on a Team or with Clients.
- Agree, per these Conflict Management Protocols, to serve on the Facilitation Committee, if called to do so.
- Read **Diversity Educational Guide** and follow **Diversity Guidelines** for engaging fellow members and community at large (Not completed as of 3/15/25 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 a Mediation/Collaborative process, I will immediately notify the Mediation/Collaborative Team, and solicit guidance from coaches regarding how to inform clients. Subject to the Team's approval, 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 writing, and will not reveal the identities 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.
- Maintain my own IACP membership at the group rate. Pay for annual LACFLA membership via VDC's Treasurer at VDC's group rate, per the guidelines above.
- **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 in the Memo* (for 2025): **"VDC \$350 Initiation Fee + \$400 Mmbrshp Dues."** 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:

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THE FOLLOWING VDC 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!!

Please meet with at least one of EACH of the following professionals:

Collaborative Attorneys in Divorce or Trusts & Estates:

Name: Signature:

Name: Signature:

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

Name: Signature:

Name: Signature:

Collaborative Financial Specialist in Divorce or Trusts & Estates:

Name: Signature:

Name: Signature:

PLEASE NOTE YOUR ATTACHMENTS/COMPLETED TASKS ON NEXT PAGE

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**Please mark an “X” to indicate you have provided the following Attachments
and
Completed the following tasks:**

- ☐ Mediation Training Certificate (30-40 hrs in Family Law &/or Trusts & Estates)
- ☐ Collaborative Practice Training Certificate (2-3 Days in Family Law &/or Trusts & Estates)
- ☐ Malpractice Insurance Declarations Page – ensure Mediation/Collaborative Practice rider included (MHP’s need this. Your responsibility to ensure your profession does/doesn’t require this of you.)
- ☐ I certify by marking this item that I have assumed responsibility for ensuring that I have liability insurance for any mediation/collaborative work.
- ☐ Explanation if *any* license/certification suspension, revocation or other contingencies, and if *any* arrest/conviction record. (See #5 above.)
- ☐ Current CV describing any collaborative practice/CDR experience and related organization affiliations (including other collaborative practice groups)
- ☐ Copy of current IACP Membership Receipt (be sure to pay “group” rate as VDC’s members are IACP members)
- ☐ You affirm your Membership Check has been mailed, made out to our Treasurer Brett Cicinelli, CFP/CFA with “memo” indicating (for 2025) “**VDC \$350 Initiation Fee + \$400 Mmbrshp Fee**” per instructions above. Questions? Text Brett Cicinelli at: 310.422.5396
- ☐ Send our VDC Treasurer a separate check at the same time for your LACFLA membership at our reduced group rate, IF your office is within LA County.
- ☐ Other Attachments Provided: (Please specify)