****

 **FELLOWS RENEWAL FORM 2023**

**CDI maintains minimum standards for professionals engaging in Collaborative Practice in Illinois. Please review these standards (***located at the end of this application***) prior to submitting your application.**

**Collaborative Process Role**

Select the role in the Collaborative Process that you are requesting to be renewed as a Fellow or Associate: Your application MUST meet the criteria as stated in the membership requirements for each role for which you wish to be renewed: Attorney Affiliate

 Financial  Associate Practitioner

 Coach New Collaborator/Recent Law School Graduate

Child Specialist  Law Clerk or Student

**Licensure/Certification**

Confirm that your required licensure is current and in good standing.

*Attorneys*

\_\_\_\_I am registered with the ARDC and my licensure is in good standing (ARDC #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

*Financial Specialist*

\_\_\_\_My CDFA certification is in good standing (CDFA Certificate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_*AND* My additional certification is in good standing. Circle appropriate credential: CFA CFP CPA ChFC CMA MBA (Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

*Mental Health Professional (Coach or Child Specialist)*

\_\_\_ My clinical licensure is in good standing. Circle appropriate clinical license designation: LCSW LCPC LMFT Ph.D. Psy.D M.D. (License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Name: Phone:**

**Firm/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area(s)/Region(s) of Practice:**

City of Chicago  South Suburbs Lake County

North Shore  Western Suburbs McHenry County

Northwest Suburbs  Far Western Suburbs  Other ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counties:** list up to 3 counties for your web site profile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Which Practice Group Meeting location(s) do you consider to be your primary?**

Loop North Shore Northwest Suburbs Western Suburbs Far West Suburbs Lake County

**Please select a Committee(s) or other opportunity for which you would like to volunteer:**

Marketing Membership Modest Means Program Training & Education

**Training Requirements – WAIVED FOR 2023**

**Attestation**

I hereby verify that I:

* Have read and agree to abide by CDI’s Principles and Guidelines for Collaborative Family Law that are

incorporated into CDI’s Collaborative Process Participation Agreement;

* Commit to using CDI’s Collaborative Process Participation Agreement in its unaltered and original form in all

of my Collaborative cases;

* Understand and acknowledge that CDI does not provide any liability, E&O or any other type of insurance to

its members, and I agree that I currently have and will maintain an appropriate amount of liability, E&O, and/or any other insurance that is standard for professionals in my field.

* Agree to follow the rules and regulations for use of all forms and promotional materials I purchase or a

provided by virtue of my CDI membership;

* Acknowledge and agree that my name may be removed from CDI’s membership directory, and that my

membership in CDI may be terminated at the discretion of the Board of Directors for reasons including, but not limited to, not abiding by the Principles and Guidelines of Collaborative Family Law and/or requirements as set forth by CDI;

* Agree that if my CDI membership is terminated for any reason, I shall cease to use or distribute any forms,

lists, or promotional materials I obtained or received authorization for use, solely by virtue of my prior membership in CDI;

* Agree that should a dispute arise regarding my CDI membership, I will first attempt to resolve any dispute

through the Collaborative process and/or mediation;

* Acknowledge and agree that, if I am included in the CDI membership directory, the directory information

related to me may be distributed at the discretion of the Board of Directors, whether that be in hard copy, verbally in response to telephone inquiries, through the Collaborative Divorce Illinois’ web site, or otherwise;

* Release the Collaborative Divorce Illinois from any claim I may have, now or in the future, regarding

anything pertaining to the CDI membership directory;

* Attest that I am a member in good standing of my profession and that all of the information on this

application and all of the information that I submit in support of this application is true and accurate.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Renewal Fees**

 Select the level of renewal:

 ❍ Attorney: $225 ❍ Affiliate: $225

 ❍ Financial: $125 ❍ Associate Practitioner: $150

 ❍ Coach: $125 ❍ New Collaborator/Recent Law School Graduate: $50

 ❍ Coach & Child Specialist: $125 ❍ Law Clerk or Student: $0

  **TOTAL PAYMENT**: $\_\_\_\_\_\_\_\_\_

**FINAL STEP FOR RENEWAL:**

1. Email or Mail the completed form to admin@collaborativedivorceillinois.org or PO Box 4270, Lisle IL 60532
2. Submit payment by Credit Card – click [here](https://clioi.wildapricot.org/event-5066949), Check – payable to CDI, mail to PO Box 4270, Lisle IL 60532 or PayPal - send to admin@collaborativedivorceillinois.org

**\*\* RENEWAL APPLICATIONS CANNOT BE PROCESSED UNTIL PAYMENT HAS BEEN RECEIVED \*\***