



Los Angeles Collaborative Family Law Association

**2019 WEB ROSTER APPLICATION
PLEASE READ CAREFULLY**

I hereby apply for inclusion on the Los Angeles Collaborative Family Law Association (LACFLA) website Roster of professionals who practice in accordance with LACFLA's rules and procedures. As a condition of inclusion on the Roster, I agree that I will:

- Comply with all rules and procedures of LACFLA, including the requirement to withdraw my representation in the event the collaborative process breaks down and judicial litigation is initiated;
- Adhere to the terms of each Collaborative Law Stipulation and Order that I sign; Pay any administrative fees required for inclusion on the collaborative law roster;
- Participate in continuing education in the area of collaborative law or areas that support the principles of collaborative law as determined by the LACFLA governing body.
- Agree to the participation of my name on the collaborative professionals roster maintained by LACFLA;
- Remain in good standing as a professional in California and maintain malpractice insurance coverage; and
- Furnish non-confidential information about my collaborative cases for LACFLA's statistics and evaluation purposes.

I further agree to indemnify and hold harmless, the LACFLA and its board of trustees, officers, agents, and employees from any liability and costs attendant thereto, (including fees for representation and other litigation expenses) arising out of my actions as a collaborative professional or my removal from the roster by reason of my lack of adherence to the conditions herein.

I acknowledge that, according to the LACFLA Stipulation and Order, if I am providing services to a client in a collaborative law process, should that process terminate without achieving a settlement, and litigation be commenced, I am disqualified from continuing to provide services to that client, except as provided in the Stipulation and Order. This automatic disqualification is not subject to waiver by any opposing counsel or party, and

I cannot use any other means or defense to avoid this automatic disqualification. I further acknowledge that my failure to withdraw as provided by the Stipulation and Order will be deemed sufficient reason for LACFLA to remove my name from the LACFLA roster.

Signature of Applicant: _____ Date: _____



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2018 LACFLA APPLICATION FOR INCLUSION ON WEB ROSTER (COLLABORATIVE LAW MATTERS)

Name

Mailing Address

E-Mail Address Website Telephone _____

Fax Profession License No. _____

Malpractice Insurance Carrier _____

Policy Number: _____

I have received the following minimum 2-day Collaborative Law Training: Course Title:

- Course Provider: Course Dates: _____
- Number of hours/Days: _____
- Please return to: _____

LACFLA, Past President & Treasurer, Warren Sacks, CPA
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