

**Child and Family Investigator Services**  
**4<sup>th</sup> Judicial District Registration Form**

Name:

\_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ (work): \_\_\_\_\_ (cell):

\_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: *(Required)* \_\_\_\_\_

The best way to contact me is:

\_\_\_\_\_

Profession: \_\_\_\_\_

Bar Number: \_\_\_\_\_

Education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Fees:

I am willing to accept state rate? (\$25/hr)(Non-Attorney only)

I am willing to accept state rate on a case by case basis.

I have a sliding scale fee. I have attached that information.

My hourly fee is \$\_\_\_\_\_ for private pay, with a \$\_\_\_\_\_ retainer.

OTHER QUALIFICATIONS:

Foreign Language: \_\_\_\_\_  Speak  Read  Write

Fluency:  Good  Fair  Fluent

Geographical Limitations or Preference:

\_\_\_\_\_

Do you have specialized education, work experience or training in any of the following areas?

Removal Cases

Substance Abuse

Domestic Violence

Child Abuse/Sexual Abuse

Cultural Diversity

Special Needs: Mental Health, Physical or Development Disabilities

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Are there types of cases you would not be willing to accept? Explain.

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Do you accept parenting coordinator or decision-making cases? If so, what is your retainer and hourly fee.

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Signature

Date

*Please attach Curriculum Vitae and list of continuing education credits and submit to:  
Judicial Administration  
270 So Tejon, S410, Colorado Springs, CO 80903  
or by FAX at  
719-329-7046*