

**APPLICATION FOR 604.10(b) CHILD CUSTODY EVALUATOR**  
**16<sup>th</sup> Judicial Circuit, Kane County**

Name: \_\_\_\_\_ Profession/Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Licensure/ Reg. #: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please complete and submit this Application form for review to the Kane County Diagnostic Center and approval by the Chief Judge and the Presiding Judge of the Family Division. The information requested is required by [Kane County Local Rule 14.20](#) for placement on the list of 604.10(b) child custody evaluators.

1. Applicant possesses one of the following degrees or licenses in current good standing: PhD; PSY.D; LCSW; LCPC; MD; Master’s Degree in a mental health field; and possess the requisite active practice licenses required by the State of Illinois. **Please attach a copy of your degree and/or licenses**

2. Applicant has completed five (5) years of post-licensure practice. Practice must include education or training in the following areas of child welfare: child development, domestic violence, physical/sexual abuse, and substance abuse. Applicant maintains professional liability insurance. **Please attach a copy of the policy declaration page**

3. Applicant has the availability to conduct evaluations within a reasonable distance of Kane County. **Include address if location of evaluations/testing may differ from address above:**

\_\_\_\_\_

4. Applicant possesses at least two (2) years of experience in two (2) or more of the following areas: families in distress, child or family experience, and domestic violence.

5. Applicant is willing to accept one pro bono assignment annually.

By signing below, applicant affirms that the above information and attached documentation are true, accurate and correct.

\_\_\_\_\_  
Signature of Applicant  
.....  
\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Reviewed: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Director of the Diagnostic Center Date

Approved: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Chief Judge Date

Approved: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Presiding Judge of the Family Division Date