Cincinnati Academy of Collaborative Professionals Basic Interdisciplinary Training
February 6 and 7 2014
Cincinnati, OH

Ohio’s Collaborative Law Statutes became effective in March, 2013. Now is the time to attend a Collaborative Practice Basic Workshop!!!!

Collaborative Practice is a structured problem-solving approach designed to maximize options available to couples dissolving their marriages. A fundamental feature of the process requires that any identified professional engaged in the Collaborative case does not participate in any future litigation.

In Cincinnati, Collaborative cases sometimes involve trained Collaborative lawyers only and often involve a team that includes other trained professionals. Mental health practitioners are engaged as Child and Family Relations Specialists and financial professionals are engaged to focus on financial issues and develop support and property division options as Financial Specialists. The goal of all Collaborative professionals is to empower parties to be directly involved in the resolution of their case.

The Cincinnati Academy of Collaborative Professional’s Basic Training will cover:

- Defining Collaborative Practice
- The Paradigm Shift
- Interest-based Collaborative negotiation
- The role of the Collaborative Lawyer
- The role of the Collaborative Family Relations Specialist
- The role of the Collaborative Financial Professional

Facilitators:  
Legal: Sherri Goren Slovin, J.D.  
Family Relations: Barbara Hummel, M.Ed. LPC  
Financial: Amy Whitlatch, CFP®, CDFA™

Additional members of the Cincinnati Academy of Collaborative Professionals will provide insight into their experience with Collaborative Practice. See: www.Collaborativelaw.com for more information about CACP

Cost: $560.00 early registration by January 17, 2014
$610.00 registration received after January 17, 2014
Registration begins at 8:30 am, Training begins at 9:00 a.m.
REGISTER EARLY---SPACE IS LIMITED!!!
Location: National Exemplar at the Mariemont Inn
6880 Wooster Pike
Cincinnati, OH

Name: ____________________________________________________________________
Profession: ____________________________________________________________________
Address: ____________________________________________________________________
Phone No.: (___) _______________ E-mail: _______________________________________

Send Registration and check to:
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