

**Co-Custody Parenting / Parenting Group Class Intake Form -**

Simi Valley, Westlake, Thousand Oaks, Van Nuys and Ventura

**Please fill this out and BRING WITH You to our FIRST CLASS**

Date \_\_\_\_\_

Family Court Mediator Name \_\_\_\_\_ Court City \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ H Phone \_\_\_\_\_

\_\_\_\_\_ Cell #(s) \_\_\_\_\_

City: \_\_\_\_\_ W Phone \_\_\_\_\_

EMAILS: \_\_\_\_\_

Attorney Name and Number \_\_\_\_\_

Drivers License # \_\_\_\_\_

Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work City \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Current Partner Name \_\_\_\_\_ Phone \_\_\_\_\_

Ex-Partner's Full Name \_\_\_\_\_ Phone \_\_\_\_\_

Children's Names \_\_\_\_\_ Ages \_\_\_\_\_ Schools \_\_\_\_\_ Issues? \_\_\_\_\_

**Custody Facts (i.e. Next court date; Custody arrangement currently, Legal Custody Split, etc)?**

**Contract**

1. I know that I must pay my class fee of \$25 per lesson at the start of each session (Cash or Check is acceptable).
2. I know I need to **call 24 hours** prior to a group class session to cancel attendance without a fee charge. If I fail to call, I know that I will be charged my full fee for this absence (payable at the next session).
3. I know I need to attend **10 Hours of Class Time and a Minimum of 4 meetings** to get a letter of completion.
4. I agree to attend a separate group class from my ex-partner and will be flexible with scheduling to accommodate this.
5. I understand that Cornerstone facilitators may contact my ex-partner with regard to their opportunities.
6. I know that if I am **suicidal or threaten to harm** another person, these threats will immediately be reported to the police and my facilitator will attempt to notify the intended victims. Comments are not confidential.
7. If facilitators determine that I present a real threat to another person or their personal property, Cornerstone will call the intended victim, emergency contact, the police or any others who may be able to notify the intended victim.
8. This class is **not** Mental Health Counseling but considered educational. If you need mental health counseling or a psychological assessment, Cornerstone will refer you to a mental health professional. Even if class teachers are Mental Health professionals they are NOT doing therapy with this class.
9. I must participate and follow class rules and arrive on time. Failure to do so would result in possible dismissal from the program and I would not be given a refund for prior classes taken. This is left up to Cornerstone to determine.
10. This class will **not** include any advise or teaching on legal matters. See an attorney for those services.
11. I know that if I discuss any current or unreported past incidents of **child, dependent or elder abuse or neglect**, these will be reported to Child Protective Services and the police immediately.
12. Due to the nature of the educational process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.), neither you (the client) nor your attorney, nor anyone else acting on your behalf will call on Cornerstone Personnel to testify in court or at any other legal proceeding, nor will a disclosure of the case records be requested. If, however, you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify. Because of the difficulty of legal involvement, I charge **\$1000 per day for preparation, travel, and attendance at any legal proceeding**. This is due one week PRIOR to the court date. Additional fees may be charged if you take longer in court than originally estimated.
13. I agree to a binding arbitration if any legal issues should arise with Scott Barrella and/or Cornerstone Counseling.
14. I know that I will not receive a completion document unless all fees are paid in full.

**Releases**

1. I am giving permission for the release of information to the following additional persons: **Attorney, Mediator, Social Worker, etc:**

**I speak and comprehend English and I have read and understand all of the above.**

Client Signature \_\_\_\_\_

\_\_\_\_\_ Date

Print Name \_\_\_\_\_

\_\_\_\_\_ Date