

Co-Custody Parenting / Parenting SOLO Class Intake Form -

Simi Valley, Thousand Oaks, Agoura Hills and Ventura

Date _____

Family Court Mediator Name _____ Court City _____

Name _____ Birth Date _____

Address _____ H Phone _____

City: _____ Cell #(s) _____

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? _____

Divorce Facts (Next court date; Custody arrangement currently, Legal Custody Split, etc)?

Contract

- I know that I must pay my \$30 intake fee and \$60 per lesson fee (\$120 for 2 lessons) with VENMO or Cash or Zelle. Pay at least 2 hours ahead.
- I know I must give a minimum of 24 hours in advance of the session I know I need to **call a minimum of 24 hours** prior to a session to cancel a class. If I fail to call, I know that I will be charged my full fee for this absence (\$120; payable at the next session). I must participate and follow class rules. Failure to do so would result in dismissal from the program and I would not be given a refund for prior classes taken.
- I know I need to attend minimum 12 lessons to get a completion certificate. I will know I cannot miss more than two scheduled sessions in a row or I will have to restart.
- I know if I am doing the class via ZOOM I must be in a confidential location and remain on camera the entire time.
- I understand that Cornerstone facilitators may contact my ex-partner with regard to their opportunities.
- 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.
- 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.
- 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.
- This class will **not** include any advise or teaching on legal matters. See an attorney for those services.
- 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.
- 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 minimum and \$300 per hour rate (whichever is higher) 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.
- I agree to a binding arbitration if any legal issues should arise with Scott Barrella and/or Cornerstone Counseling.
- I know that I will not receive a completion document unless all fees are paid in full and all hours completed.

Releases

- 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 _____