

Reunification Intake Form -

Simi Valley, Thousand Oaks, Agoura Hills, Van Nuys and Ventura

Date _____

Family Court City _____ Judge Name _____

Your Name _____ Birth Date _____

Address _____ Apt _____

City: _____ Cell #(s) _____

W Phone _____

EMAIL(s): _____

Attorney Name and Phone _____

Drivers License # _____

Employer Name _____ Job Title _____

Work City _____ Annual Income _____

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 Split, Child Support, Alimony, Legal Custody Split, etc)?

Contract

1. My fee is **\$250** per session. **Prepayment** is required prior to every session. You can use VENMO (Barrella-Inc) or Zelle to (CornerstoneSB@aol.com) or Cash in office (Simi Only). No refunds allowed.
2. I know I must give a minimum of **24 hours** in advance notice to cancel a session. If I fail to do so, I know that I will be charged my full fee for this absence (\$250; payable at the time of cancelation).
3. I must participate and follow session rules established by Scott Barrella. Failure to do so would result in dismissal from the program and I would not be given a refund for prior sessions taken.
4. I know there is no minimum number of sessions – duration is left to the discretion of Scott Barrella.
5. I know if I am doing the session via ZOOM I must be in a confidential location and remain on camera the entire time.
6. I understand that Cornerstone may contact my ex-partner for scheduling reasons and this is acceptable.
7. I know that if I am **suicidal or threaten to harm** another person, these threats will immediately be reported to the police and my counselor will attempt to notify the intended victims. These comments are not confidential.
8. 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 Protective Services and the Police immediately. These comments are not confidential.
9. If counselors 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. These comments are not confidential.
10. This counseling will **not** include any advise or teaching on **legal matters**. See an Attorney for those services.
11. 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 \$400 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.
12. I agree to a binding arbitration if any legal issues should arise with Scott Barrella and/or Cornerstone Counseling.
13. I know that I will not receive a completion document unless all fees are paid in full and all hours completed.

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 _____