

Co-Custody Parenting / Parenting Conjoint Class Intake CONJOINT

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)?

1. The initial Intake fee is \$300 per parent. Conjoint sessions are at rate of \$150 per lesson per person (usually one hour long)
2. Payment can be with VENMO (Barrella-Inc) or Zelle (CornerstoneSB@aol.com). Fee is due in advance of the session.
3. I know I have to **call a minimum of 24 hours** prior to cancel a session or I will be charged the full \$300 fee. Payable prior to our next session (prefer it on the day of the canceled session).
4. I must participate and follow class rules. Failure to do so could result in dismissal from the program and I would not be given a refund for prior classes completed. No refunds given.
5. I know I need to attend whatever number of sessions the Court orders. If no amount is specified, then the minimum is 12 sessions.
6. I know if I am doing the class via ZOOM I must be in a confidential location and remain on camera the entire time with no blur.
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 facilitator will attempt to notify the intended victims. Comments are not confidential.
8. If Cornerstone determines 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.
9. This class is **not** Mental Health Counseling but considered educational. No HIPAA rules apply. 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.
10. This class will **not** include any advice or teaching on legal matters. See an Attorney for those services.
11. I know that if I discuss any current or unreported incidents of **child, dependent or elder abuse or neglect**, these will be reported to Child Protective Services.
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 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.
13. Reports will be done at an additional rate that Cornerstone will disclose upon request.
14. I agree to a binding arbitration if any legal issues should arise with Scott Barrella and/or Cornerstone Counseling.
15. I know that I will not receive a completion document unless all my 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

Client Print Name _____