

Cornerstone Counseling Center – Supervised Visit Contract

Parent Name: _____ DOB _____
License #: _____
Make and Model of your Car: _____ Lic Plate: _____
Your Current Address _____ Phone (s) _____
City _____
Your Email _____

Child's Name _____ DOB _____ Age _____
Next Child's Name _____ DOB _____ Age _____
Next Child's Name _____ DOB _____ Age _____
Child(ren) Medical or Nutrition Issues:

Child(ren) Primary Care Doctor Name _____ Phone _____

Ex-Partner's (Parent) Name _____ DOB _____ Age _____
Ex Address(if known) _____ Phone (s) _____
City _____ Email _____

What Cornerstone Supervisors will do:

Actively participate in the session by providing interventions between the children and parent. We will also maintain a **neutral role** by refusing to discuss the merits or legal jargon of the custodial case. We will not agree with or support one party over another. Cornerstone will provide a safe and comfortable atmosphere for the children during the visit to interact with the supervised parent. We will keep a **record** of each session, including (but not limited to) the following: the date, time, and duration of **visit**; who attended the visit; a summary of activities during the visit; actions taken by the supervisor - including interventions, terminations, and reasons for these actions; violations of any laws by any person and reporting to authorities; Parental abuse toward the child (physical, neglect or sexual) or parental substance usage. All will be documented and reported as needed.

The length of the visit is determined by the court order and will be prepaid in advance by no later than 48 hours PRIOR to the planned visit. The **non-custodial parent** is responsible for **full payment** of the session (unless otherwise ordered by a court). Payment is \$200 per hour; minimum of \$200 per meeting. **Visit reports are at an ADDITIONAL Cost of \$400 per summary report. Additional detailed reports are \$1000 per report.**

Supervisors may appear in court and testify with a proper Subpoena. Whichever party subpoenas the Supervisor is responsible to pay \$400 per hour for preparation, travel, and attendance at any legal proceeding – Minimum fee is \$1000 per court appearance. This fee still applies even if the court appearance gets rescheduled or eliminated. The payment is due and payable **at least two business days prior to** the court proceedings.

Orientation:

An initial orientation meeting will be scheduled with each parent (or legal guardian) individually PRIOR to the actual supervised visitation start. The **Custodial** Parent should bring the children so they can meet the Supervisor and become familiar with the office. Please submit the current court order and other data we need to be aware of. The fee for this orientation is **\$150** (per parent attending) and should last no more than **30 minutes**.

Rules and Conditions that must be followed by both Parents for Supervised Visitation:

Both Parents must follow the below rules for the visitation:

1. The payment will be collected a minimum of 48 hours prior to the scheduled visitation.
2. Both parties are expected to come to the office separately and leave separately. The **non-custodial** parent will arrive **at least 10 minutes prior to the scheduled visit**. That parent will enter the counseling office supervision room first. Note: You must cancel a visit **at least 48 hours prior to the scheduled visit otherwise the canceling party will be charged the full-fee (\$200 per hour scheduled) charge** for the missed visit.
3. No visits can occur if the parent being supervised appears under the influence of a drug or alcohol or is having a mental breakdown. If someone appears to be under the influence of alcohol or drugs, we will ask them to depart the office immediately. This will be documented in the case file.

4. After the arrival of the **Non-Custodial Parent**, the Supervisor will contact the **Custodial parent** by **cell phone** to bring the child(ren) to the office building to start the session on time. The custodial parent will **not** be allowed to wait in the building during the visit.
5. The child(ren) and/or the Supervisor may terminate the visit in the event of **emotional pain** as determined by the Supervisor.
6. The custodial parent should resolve sporadic attendance issues and attempt to meet as scheduled.
7. **Lost time** due to delays in the beginning of the visit **cannot** be made up. Notes will be kept regarding delays.
8. A **child** can elect to bring in their favorite **toy, blanket, or game** for use during the visit. These need to be **pre-approved** by the Cornerstone Supervisor. **Video Games** will **not** be allowed.
9. The non-custodial parent **cannot** give the child(ren) gifts, food, money, or cards at the visit UNLESS preapproved by the Custodial Parent. Cornerstone will make this determination.
10. The office conditions must be maintained to assure the safety and welfare of the child.
11. **No photographing, audio recording, or videotaping** is allowed during the visit.
12. **Physical contact** with the child such as lap sitting, hair combing, stroking, prolonged hugging or kissing, wrestling, tickling, horseplaying will be allowed. The child will be allowed to **initiate** or **decline** any appropriate physical contact. The supervisor will conduct child bathroom breaks.
13. No whispering, passing notes, hand signals, or body signals.
14. Ensure that all contact between the child and the parent is always within the Supervisor's hearing and sight, and that discussions are audible and in English only.
15. The visiting parent agrees to stay within the defined visitation area in full view and hearing distance of the Supervisor at all times.
16. Custodial Parent should try to take each child to the bathroom prior to the start of the visit.
17. The Supervisor may make other referrals for mental or physical health treatment should the need be identified during the visit.
18. If the children are "coached" and trying to get information or share information of a legal format, they will be asked to stop. Failure to do so could result in termination of the visit and a note to the Court.
19. Derogatory comments by the parent when referring to the custodial parent, his or her family, or others will not be allowed. Inappropriate behavior, questions or comments could result in termination of the visit.
20. Querying the child or Supervisor for information about the ex-partner or others is not acceptable.
21. The parent must reframe from spanking, hitting, or threatening the child. – No physical discipline allowed.
22. The **custodial parents** should plan to arrive no more than **10 minutes** prior to the conclusion time. **No alternate persons** can pick up the child. The child will never be allowed to leave with the Non-Custodial Parent. **Wait in the car with your cell phone on. You will be called to pick up the child.**
23. Failure to follow any of these rules will result in a termination of the visit and notes to the file and the visit will end and no refund will be given.
24. Additional rules may be added later by the Supervisor as necessary. You will be informed of the changes verbally and then in writing later.

Rules that your Children (over 5) MUST follow (Custodial Parent: Please review with your children; Failure to comply will result in the termination of the session):

- 1) No hitting, punching, kicking, spitting on or slapping by the child(ren) on any other person.
- 2) No name calling by the child(ren) on another person during these visits.
- 3) No discussing the past, current or future court legal matters (such as Anger Management, financial payments, future moves, custody orders or future court dates).
- 4) No throwing of objects at others by any person on another person during the visit.
- 5) No leaving the session until the custodial parent comes to pick the child up.
- 6) No climbing on the furniture or writing on the furniture.
- 7) Listen to and follow the Supervisor. If new rules are outlined, pay attention, and follow them.

I have read and agree to the two pages of the above conditions. I know that if I violate the conditions, Supervisor will be immediately terminated and a report generated for the file. Future visits may be suspended for violations.

Contract Extension for COVID 19/Illnesses Rules:

Cornerstone Counseling will allow persons into the office under the following conditions that are understood and agreed upon by you the clients:

- I acknowledge the contagious nature of the Covid/Illnesses and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that Cornerstone Counseling /Barrella Inc have put in place preventative measures to reduce the spread of the Covid/Illnesses.
- I further acknowledge that Cornerstone Counseling /Barrella Inc cannot guarantee that I will not become infected with the Covid/Illnesses. I understand that the risk of becoming exposed to and/or infected by the Covid/Illnesses may result from the actions, omissions, or negligence of me and others, including, but not limited to, center staff, and other center clients and their families.
- I voluntarily seek services provided by Cornerstone Counseling /Barrella Inc and acknowledge that I am increasing my risk to exposure to the Covid/Illnesses. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

* I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* I have not traveled internationally within the last 14 days.

* I have not traveled to a highly impacted area within the United States of America in the last 14 days.

* I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Covid/Illnesses.

* I have not been diagnosed with Covid/Illnesses and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Covid/Illnesses.

- LLC. This liability waiver and release extends to the center together with all owners, partners, and employees.
- I have read and agree to the two pages of above conditions. I know that if I violate the conditions, Supervisor will be immediately terminated and a report generated for the file. Future visits may be suspended for violations.

Parent Signature:

Date

Parent Name Print: