

CORNERSTONE – Anger Management Group Intake Form

Agoura Hills Simi Valley Ventura Thousand Oaks Van Nuys = ZOOM

Date _____ **Referred by:** _____
Client Name _____ **City Grew up in** _____
Address _____ **H Phone** _____
_____ **Cell** _____
_____ **W Phone** _____

EMAIL: _____

Case Number (if applicable): _____

DOB _____ **Drivers License#:** _____

Employer Name _____ **Employer City:** _____ **Monthly Income \$:** _____

Attorney Name (If applicable) _____ **Attorney Phone** _____

Children's Names _____ **Ages** _____ **School** _____ **Problems?** _____

1 _____

2 _____

3 _____

4 (or more) _____

Current Partner's Name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Ex Partners Name (If App): _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Are there any restraining orders against you? Y N If yes, by who and when does it expire? _____

How long were you together: Married? When?: _____

Where are there any periods of separation Y N If yes, when and for how long?: _____

Was there any violence in the relationship (by you or Partner?): _____

CASE DETAIL (This info will only be used to assist in your counseling):

Issues (arrest detail or other presenting circumstances?): _____

Charge (in words) _____ **Year/Age** _____ **Punishment** _____

1) _____

2) _____

3) _____

What weapons do you have? Location of them now? _____

Did you graduate from HS? Y N Did you attend college? Y N Did you graduate college?: Y N

Do you have any medical problems? List: _____

Do you have any medication? List: _____

What is your current treatment for the above?: _____

Ever been in therapy or a mental hospital? Y N _____

Do you have any history of anxiety or depression? List: _____

What is your current treatment for mental health?: _____

What is your Current use of Alcohol (Frequency): Daily Weekly Socially None Type: _____

Are you using any other drugs?: Y N Type: _____

Have you had a history of Substance abuse?: Y N What did you use and for how long: _____

Are you currently going through a divorce? Y N If yes, who filed and when will it be final?: _____

Was their Domestic Violence in your home as a child?: Y N Describe: _____

Were you in the military: Y N If yes, what branch and when: _____

Have you been in recent fights with men? Y N If yes list details of last fight _____

Who can we call in the event of an emergency? Cell # _____

I understand English and have read and agree the above terms and conditions. I understand that my failure to comply with any of the above conditions will result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Signature
Property of Cornerstone Counseling 2025

Date

CORNERSTONE ANGER MANAGEMENT CONTRACT

Client Name _____ **DATE** _____

Case# _____ Date of Birth _____

- 1) I agree to pay my **established fee of \$ 70_ per individual lesson or \$35 Per Group Lesson** at least two hours prior to the start of the ZOOM. **No Credit Cards** – Ask about acceptable Payment Options. – Venmo, Zelle, Apple Pay, and Cash in Office.
- 2) I know I will not complete this program and receive a final certificate without paying all fees due to CORNERSTONE.
- 3) I know that I need to call **24 hours prior** to class to notify Cornerstone personnel of my absence from class or session. Otherwise, I will be responsible for payment for that missed session (\$35 or \$70 per lesson missed). Due to cancellation.
- 4) I know that recording of any session is prohibited.
- 5) I will follow all ZOOM rules as outline on page 4.
- 6) I know that if I damage any property in the counseling center I will be held financially responsible.
- 7) I know that any reproduction of teaching materials obtained from Cornerstone is prohibited without written permission.
- 8) I agree to attend class sessions **free of chemical influence**. I understand that if I violate this rule, I will be told to leave class, receive no credit for that session, and still be responsible for my full fee.
- 9) I agree to **participate in weekly class sessions regularly and honestly** by arriving **on time**, honestly discussing my past use of any violence and abuse and completing all assignments in a timely fashion. If I am more than 10 minutes late I will get an unexcused absence. I know I will be terminated after **4 Absences**.
- 10) I understand that if Cornerstone personnel determine that my behavior in class is disruptive or inappropriate in any way, I will be asked to leave that session and could be terminated from the program. **That decision is left to the discretion of the group facilitator and/or Scott Barrella.**
- 11) I will keep all comments made by other class members regarding themselves, their families, past victims, current partners, or any other person they mention **confidentially**. Violation of this rule may result in termination.
- 12) Cornerstone personnel cannot guarantee that comments you make will be kept confidential due the fact that other class members may speak about comments you make in class. There are also predetermined limits to confidentiality that are noted on a separate contract form.
- 13) I agree to follow-through in a timely manner on **referrals** deemed appropriate by Cornerstone Personnel. Those will be specified later. Failure to comply could result in termination.
- 14) I agree to attend a minimum of 16 lessons, in **no less than 8 weeks** and **no more than 20** weeks. If the Court order states a different number, present that number at the start of the program. Scott Barrella will determine the final total to attend.
- 15) I know that I must attend my regularly scheduled session every week. Make-up sessions must be scheduled in advance by the facilitator.
- 16) I agree with binding arbitration if any legal issues arise with Cornerstone Counseling Center and/or any of the Cornerstone Personnel. I agree to pay all legal expenses and loss of income incurred Cornerstone Counseling Center and/or any of the Cornerstone Personnel due to this action.
- 17) I understand English and have read and agree the above terms and conditions. I understand that my failure to comply with any of the above conditions will result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Client Signature

DATE

Property of Cornerstone Counseling 2025

Client Name _____

DATE _____

Client ID# _____

Client Date of Birth _____

Limits to your CONFIDENTIALITY

(Signing this contract constitutes a **Release of Information**):

- I understand and grant permission for **Cornerstone Personnel** to contact my mediator, attorney, Probation Officer or any other person connected with my case. Permission is granted to do so.
- I know that I must notify Cornerstone personnel of any additional **acts of violence or threats of violence**. Cornerstone Personnel will first encourage me to self-report them to probation and law enforcement. I know that if a Cornerstone counselor determines that I am a danger to the person or personal property of another, they must report it to law enforcement and attempt to warn the potential victim and any foreseeable bystanders.
- I understand that if Cornerstone personnel assess neglect, emotional or physical abuse of **children**, dependent adults or elders has occurred or is occurring, Cornerstone personnel will **immediately** make a phone report to Protective Services followed with a written report in **24 hours**. Written reports will follow in 36 Hours.
- 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 my professional time, including preparation and transportation costs, even if I am called to testify. Because of the difficulty of legal involvement, I charge \$1600 per half day for preparation, travel, and attendance at any legal proceeding and \$400 per hour of additional time. This is due one week **PRIOR** to the court date. Additional fees may be charged if you take longer in court than originally estimated.
- If Cornerstone personnel determine I have obtained a **weapon** and plan to use it on anyone, Cornerstone personnel are required to report this to police immediately. If Cornerstone personnel determine you to be a danger to self, Cornerstone personnel will disclose such information to those it deems necessary to attempt to prevent you from self-harm.
- I will not hold Cornerstone Personnel liable for violating confidentiality.
- I understand English and have read and agree the above terms and conditions. I understand that my failure to comply with any of the above conditions will result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Client Signature

DATE

Print Name below:

Property of Cornerstone Counseling 2025

Cornerstone Counseling Center –

Virtual Group Rules

1. The camera must always be on (even if you leave and go to the bathroom)
 2. Full face to top of the shoulders in camera always
 3. If outside, you must have headphones/earbuds and be alone with back against wall.
 4. No face masks allowed must see entire face.
 5. No walking around
 6. No smoking
 7. No cooking
 8. No eating a meal
 9. Must have good lighting and be seen clearly.
 10. Must be alone (if not must have wall behind you with headphones/earbuds)
 11. No Driving
 12. Must not be a passenger in a car.
 13. If in a parked car must be alone and must have good lighting
 14. No filters allowed at all.
 15. No lying down must be sitting upright directly in front of the camera.
 16. No watching TV
 17. Not be distracted doing anything other than group.
 18. No children over the age of 2 years old allowed.
 19. Participants must be dressed appropriately.
 20. No answering or talking on another phone.
 21. Provider must have defendant to sign rules at intake.
 22. If a rule is broken, the defendant can be removed from the group with no credit given and no refund of fee.
 23. These are not limited and can be amended; other rules will be added if needed.
 24. Facilitator/Therapist camera must always be on.
- If you go off camera or appear distracted, Cornerstone will ask you to conduct a 360-degree scan of your immediate area to ensure you are **alone, not using drugs and are not being distracted**. If you are out of compliance you will be disconnected and you will lose credit for the class.
 - Additional conditions may apply and those are at the discretion of Cornerstone Facilitators.
 - I understand English and have read and agree the above terms and conditions. I understand that my failure to comply with any of the above conditions will result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Client Signature:

Date

Client Name:

Property of Cornerstone Counseling 2025