

# CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

Criminal Case Number: \_\_\_\_\_ DOB \_\_\_\_\_

Family Law Case Number: \_\_\_\_\_

Court City \_\_\_\_\_

Probation County and Office Name \_\_\_\_\_

Home Address \_\_\_\_\_ H Phone \_\_\_\_\_

City \_\_\_\_\_ Cell #(s) \_\_\_\_\_

EMAIL1# \_\_\_\_\_ Email #2 \_\_\_\_\_

Drivers License # \_\_\_\_\_ Other ID Type \_\_\_\_\_

Victim Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Victim Home Address \_\_\_\_\_ H Phone \_\_\_\_\_

City \_\_\_\_\_ Cell #(s) \_\_\_\_\_

EMAIL1# \_\_\_\_\_ Email #2 \_\_\_\_\_

Your Employer Name \_\_\_\_\_ Job Title \_\_\_\_\_

Work City \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Employer City \_\_\_\_\_ Years with company \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Attorney's Name (If Court Case) \_\_\_\_\_ Phone \_\_\_\_\_

Children's Names \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Issues? \_\_\_\_\_

Substance Abuse and Symptoms (Past and Current): \_\_\_\_\_ Treatment: \_\_\_\_\_

Past Arrest Charges (number and words)	Year	Plea	Consequence?
--	------	------	--------------

Do you own or have in your posclass firearms, knives, or any other kinds of weapons?

Y N If yes, please xplain

What do you expect to learn from this program?

Who can we call in the event of an emergency: \_\_\_\_\_ Cell: \_\_\_\_\_

Email of Contact: \_\_\_\_\_

Home Address of Contact: \_\_\_\_\_

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 likely result in my dismissal from the program and Probation notification. This is always left up to the descretion of Cornerstone Staff.

Client Signature \_\_\_\_\_

Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date \_\_\_\_\_

## CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

- 1) I agree to pay my established fee of \$ 35 or \_\_\_\_\_ per class by two hours prior to the start of the class (Venmo/Zelle/Apple Pay/Cash). If I do not pay my fee I will not get a seat in the class that class and it may count as an absence and I will be charged an absence fee equal to my regular program fee.
- 2) I know I will **not** be considered completed with my financial commitment to Cornerstone if I do not pay all fees in full. I know I need to call **at least 24 hours** prior to missing a class or I will be charged **\$45** for that absence due the next day. Additionally, individual classes may be an option with approval from Cornerstone, Probation, and/or Courts. Fee for those is **\$100 per class**.
- 3) I understand my regularly schedule program is held on zoom and I need to complete at least one class per week. I know that I am expected to attend a minimum of **52 classes unless some other amount is specified via Court or Probation**.
- 4) Internet/Wifi/Zoom/Phone issues that prevent you from properly attending a class will need to be investigated to see if those will be counted or be excused. No Refunds will be issued if your class is no longer needed by Court or Probation.
- 5) I agree to allow ALL Probation Staff to monitor, participate and make notes of my class (observing the Cornerstone staff) and I will participate as per the rules. I also agree to allow the contents of my case file to be reviewed by the Ventura County Probation Department representatives if I am on Probation. If not on Probation, you will be given the option to take an excused absence.
- 6) I know that recording of any class is prohibited.
- 7) I know that I need to pay for Progress reports. Fee is \$35 for a report with 48 hours or more notice and \$70 for a report with less than 48 hours notice. Probation Officer requested reports will be FREE of charge.
- 8) I know I must demonstrate motivation to change the violent and coercive behavior. I agree to attend program classes **free of chemical influence** unless previously approved by the group facilitator. I understand that if I violate this rule, I will be told to leave program that day, receive no credit for that class, and still be responsible for my established fee for that day. Probation will be notified of this violation.
- 9) I agree to regularly and honestly participate in program classes by arriving on time, following all ZOOM rules as outlined on contract **Page 8**, honestly discussing my past violence and abuse, and completing all assignments.
- 10) I understand that if Cornerstone personnel determine that my behavior in program is disruptive or inappropriate in any way, I will be asked to leave that class and could be terminated from the program.
- 11) I understand that Cornerstone Personnel will attempt to contact the **victim** and any legal or social services personnel involved in my case. I agree to provide Cornerstone Personnel with the victim's phone number and will not to interfere with these contacts and her cooperation with the program. I understand that contacts will include (but are not limited to) this contract, discussions about my past violence, progress in using teachings, additional acts or threats of violence, and a risk assessment of potential violence. She will be encouraged to report all abuse to the Police and Probation Officer.

Name of victim: \_\_\_\_\_ Last Phone: \_\_\_\_\_

Last Address: \_\_\_\_\_

- 12) This program is not Individual Mental Health counseling. If you need individual mental health counseling, psychiatric treatment, psychological assessment, and/or substance abuse treatment, Cornerstone staff will refer you to other professionals for those services.
- 13) This program will not include any advice or teaching on personal legal matters. We do not have attorneys on staff and do not offer legal advice. See an attorney for those services.
- 14) I know that my attendance and progress is not a guarantee of termination of violent behavior.
- 15) I understand that **Cornerstone Personnel** will attempt to contact the victim in the case while I am in the program. I agree to give **Cornerstone Personnel** the victim's phone number and will not to interfere with these contacts and her cooperation with the program. I understand that contacts will include (but are not limited to) discussions about my past violence, progress in using teachings, additional acts or threats of violence, and a risk assessment of potential violence and all comments can be used in progress reports.

# CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

## Limits to your CONFIDENTIALITY

1. I know my progress in therapy will be disclosed in **Progress Reports, emails, text messages, and phone calls** with DCFS staff, CFS staff, law enforcement, legal counsel, and Probation Officers as part of my ongoing case if they are already in my life due to my cases. These will contain: My attendance record, financial record, acts of additional abuse, threats or violence on others, cooperation, and participation in the therapy. Therapists will make judgements of my comprehension of therapy teachings and my attitude toward others. Also noted are my acceptance of responsibility for past or current abusive behavior. Other points that Therapists deem appropriate will also be included.
  2. 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 at Cornerstone Counseling Center and/or any of the Cornerstone Personnel and Scott Barrella due to this action.
  3. If at any time I become unfit or out of scope for the therapy either due to mental health issues, substance abuse, or my overall attitude toward change (i.e., unwilling to follow contract terms, participation requirements, display aggressive actions, etc.) I will be notified that I should take a time-out, leave the therapy and Cornerstone/Scott Barrella will write up facts of this event and send this to all parties involved in my case. This therapy will not include any advice or teaching on personal **legal matters**. We do not have attorneys on staff and do not offer legal advice. See an attorney for those services. I know that my attendance and progress is not a guarantee of termination of violent behavior.
  4. I understand and grant permission for **Cornerstone Personnel** to contact my Probation Officer, CFS Team members, DCFS Team Members, and all other treatment and providers. I understand that progress reports will be written by Cornerstone personnel and will be submitted to the appropriate agency for review and can be passed on to other providers.
  5. 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, CFS, DCFS and law enforcement. If we detect neglect, emotional or physical abuse of children, dependent adults or elders have occurred or is occurring Cornerstone Personnel will report these to immediately by phone and later in writing to all proper authorities. I know that if Cornerstone Therapists determine that I am a danger to the person or private property of another, they will report it to law enforcement and attempt to warn the potential victim and any foreseeable bystanders. If Cornerstone personnel determine you to be a danger to **self**, Cornerstone personnel will disclose such information to those we deem necessary to attempt to prevent you from doing self-harm.
  6. **TESTIMONY:** If either party desires Mr. Scott Barrella MS LMFT's testimony in deposition or at trial, said party shall advance all estimated fees as a condition thereof for time incurred related to such testimony, including cross-examination. The party who subpoenas or calls Mr. Scott Barrella MS LMFT for testimony will advance a retainer payment of no less than \$4,000 at least one week prior to any scheduled court or deposition appearance. Should the party/attorney who is subpoenaing fail to make this retainer payment, Mr. Scott Barrella MS LMFT will not be required to attend the deposition/court hearing. Any balance owing to services related to testimony shall be due and payable at the end of each day. In addition, should multiple days of testimony be necessary, the party who has subpoenaed Mr. Scott Barrella MS LMFT shall advance a \$4,000 retainer payment at the beginning of each subsequent day of testimony. Payments for testimony at deposition or court shall be made by cashier's check or Zelle. Mr. Scott Barrella MS LMFT's fee for travel and preparation for testimony is \$400 per 45-minute hour. Mr. Scott Barrella MS LMFT's fee for deposition appearances is \$400 per 45-minute hour and \$400 per 45-minute hour for court testimony. Should either party or their attorney of record seeks to subpoena any of Mr. Scott Barrella MS LMFT's staff, it is understood that the same retainer agreement and fee requirements for court or deposition appearances shall apply. Following each deposition, the party (or their attorney) who has deposed Mr. Scott Barrella MS LMFT (or her staff member) will pay for and arrange for delivery of an official copy of the transcript for Mr. Scott Barrella MS LMFT's (or his staff's) review. This copy will be mailed to Mr. Scott Barrella MS LMFT's business address, 1633 Erringer Road Suite 201C, Simi Valley CA 93065. Mr. Scott Barrella MS LMFT may not be called to testify in deposition or at trial in the above-captioned case or any other matter by any third party.
  7. **FILE Copies:** If either party (or their attorney) requires a copy of Mr. Scott Barrella MS LMFT's file, that party will advance payment for the costs associated with copying the file at the following rate: \$10.00 per page plus \$400 per 45-minute hour for time spent copying the file. A retainer payment of \$2,000 will be made to Mr. Scott Barrella MS LMFT for any request to copy the file. The \$2,000 retainer payment must accompany the request/subpoena for a copy of the records. Prior to releasing the records, Mr. Scott Barrella MS LMFT will advise the requesting party of the balance or credit owed for the preparation of the records. Payment for the balance owing to the cost of copying records shall be made to Mr. Scott Barrella MS LMFT by the requesting party prior to the release of said records.
- Cornerstone staff can share confidential information with the Batterers Intervention Program Providers' Committee. The committee is comprised of program providers and probation officers supervising domestic violence cases in Ventura County. The committee oversees domestic violence cases and program standards. I authorize the release and exchange of all information, including but not limited to diagnosis, treatment plan, prognosis, progress, clinical test results, dates of treatment, client records, and summary of treatment to the above recipient solely for the purpose of case management and continuity of care. I understand that I have a right to receive a copy of this authorization. I also understand that any cancellation or modification of this authorization must be in writing.
- I will not hold Cornerstone Personnel liable for violating confidentiality for any reasons as noted.

## CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

### **What is Domestic Violence (Various Types)?**

- **Domestic violence** means willfully or recklessly causing or trying to cause bodily injury to a household member or placing a household member in fear or serious injury. There are many ways of exerting power and control over another person which are considered violent.
- **Physical Violence:** This includes striking, hitting, grabbing, slapping, shoving, pushing, kicking, choking, scratching, punching pulling, hitting with weapons or objects, stabbing or shooting.
- **Emotional Violence:** This includes a systematic attempt to control another person's thinking and control of another person's behavior by the threat or perceived threat of violence.
- **Sexual Violence:** This occurs when someone forces another person to have sexual contact by means of physical force or threats. Included are oral sex, sodomy, or forced sex with objects or with other people.
- **Economic Violence:** This involves control of another person's behavior through the threat of economic repercussions.
- **Verbal Abuse:** This involves consistent degradation of another person verbally.
- **All** these types of violence are ways in which someone can dominate, control and intimidate another person.
- **All** these types of violence have serious psychological and physical consequences for the victim and for the unintended victim such as children or other household members.

### **Cornerstone Program promotes within the Batterer the following awareness, attitudes, and behavior:**

1. Accountability as demonstrated by divestiture of all power and control over the victim/partner.
2. Elimination and reshaping of all behaviors, language, values and beliefs used to maintain power over intimate partners and support abusive conduct.
3. Respect for the equal rights of partners in a relationship.
4. Empathy for victims' experiences.
5. The financial, personal and social costs of abusive behavior to victims and their families.
6. Accountability, as demonstrated by acting promptly and comprehensively in meeting legal and financial obligations and paying restitution for losses to the victim of the battering and abuse.
7. The importance of the batterer demonstrating what has been learned and what commitment to change has been made.
8. The importance of and responsibility to become involved in community efforts to decrease domestic violence by:
  - a. Confronting other abusers in everyday situations.
  - b. Bringing other abusers into the program.
  - c. Encouraging non-violent attitudes and behaviors in the community by participation in educational functions and activities which promote non-violence in relationships.

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 likely result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

# CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

## Client History and Abuse Assessment:

Please answer the following questions as best as you can. If you have any questions, please discuss them with therapist during your intake class.

### Relationship History:

How did you meet the victim/partner: \_\_\_\_\_ When? \_\_\_\_\_

How long were you together: \_\_\_\_\_ Did you marry?: ☐ Y ☐ N Marriage date: \_\_\_\_\_

Any separation? ☐ Y ☐ N If yes, when, why and for how long?: \_\_\_\_\_

How many episodes of violence have there been in the past year of the relationship?

Physical \_\_\_\_\_ Property \_\_\_\_\_ Sexual \_\_\_\_\_ Psychological \_\_\_\_\_

How frequent have these abuse incidents been in the past six months? Please explain. \_\_\_\_\_

Have you noticed that the violence is increasing in severity and frequency over time? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

### Childhood History information:

Cities you grew up in: \_\_\_\_\_ Other Facts: \_\_\_\_\_

Did your parents divorce? ☐ Y ☐ N If yes – how old were you and who did you live with most of the time?: \_\_\_\_\_

Where you arrested as a juvenile: ☐ y ☐ n if yes for what: \_\_\_\_\_

Did you graduate from High School? ☐ Y ☐ N Name of School \_\_\_\_\_

Did you attend college? ☐ Y ☐ N Did you graduate college?: ☐ Y ☐ N

Did you consider yourself physically or psychologically abused as a child? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

Who was the primary disciplinarian in your family? Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Please give examples of the types: \_\_\_\_\_

Did you ever know of or observe a parent or other adult physically or psychologically abuse another person? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

Did you ever physically attack one of your parents or an adult in the home as a juvenile? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

Have you ever been a victim of sexual assault by a family member or anyone outside your family? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

Did you have any problems with violent behavior as a child or teenager? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

Did you ever abuse a pet? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

If you have children, have they been involved in or observed any violent episodes between you and your partner? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

How do you discipline your children? Please explain. \_\_\_\_\_

What kinds of injuries have your partners in the past sustained as a result of your violence?

Knocked or choked unconscious \_\_\_\_\_ Bleeding \_\_\_\_\_ Swelling \_\_\_\_\_

Wounds from use of weapons \_\_\_\_\_ Broken nose \_\_\_\_\_ Broken bones \_\_\_\_\_ Scratches \_\_\_\_\_

Bruises \_\_\_\_\_ Black eye \_\_\_\_\_ Muscle sprains \_\_\_\_\_ Needed surgery \_\_\_\_\_ Other \_\_\_\_\_

Have you ever sought professional help in the past to stop the violence? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

Did you or your partner use alcohol or other drugs prior to or during this incident? ☐ Y ☐ N

If yes, please explain. \_\_\_\_\_

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 likely result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Client Signature \_\_\_\_\_

Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date \_\_\_\_\_

# CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

## **Batterers Program Treatment Goals:**

The goal of the batterers program is to end the abusive behavior. This shall be achieved by confronting and dispelling the individual batterer's justifications for the use of violence within the relationship. Particular attention should be paid to the belief systems that promote the use of intimidation, violence and coercion against intimate partners and children. Cornerstone's program curricula include the following themes, as specified in Penal Code Section 1203.097 (c)(1)(F), with cultural, ethnic, sexual orientation and class sensitivity.

- gender roles
- socialization
- the nature of violence
- the dynamics of power and control
- the effects of abuse on children and others

These themes shall be presented through education and group interaction for a thorough exploration and understanding of the following:

1. The specific elements of a violent incident and the forms of abuse including physical, emotional and sexual abuse, economic manipulation or domination, property destruction, terrorist threats, and acts jeopardizing the well-being and safety of children and other family members or friends.
2. Abuse, battering, and domestic violence as defined in this document.
3. Techniques for achieving non-abusive, non-controlling attitudes and behavior.
4. The batterer's intent to obtain power over and control of an intimate partner and how the use of violence and coercion achieves that intention.
5. The willful decision, not "the loss of control", to act violently.
6. Victim blaming, denial, minimizing, and other techniques for justifying the use of violence.
7. Beliefs that facilitate legitimize and sustain abuse and inhibit desistance including misogyny and entitlement/ownership of intimate partners.
8. The support and perpetuation of abuse based on traditional gender roles and privilege.
9. The unacceptable excuse of violence as a cultural norm.
10. The rationales of both majority and minority ethnic cultures, which provide support for denying and minimizing domestic violence, and which prevent widespread community condemnation of the violence.
11. The connections and similarities between domestic violence and racist oppression imposed by the dominant culture.
12. The batterer's identification of all abusive conduct, the pattern of that conduct, and the cultural supports that legitimize or excuse both individual acts and the larger pattern of battering.
13. How heterosexist and homophobic beliefs, attitudes, and behavior contribute to oppression, dominance and control.
14. The destructive impact the use of violence creates upon self esteem, affection, and upon the perceptions of adult and child victims and witnesses of domestic violence.
15. The impact of battering on children and the incompatibility of violence and abuse with responsible parenting.
16. The adverse legal and social consequences imposed for abuse and battering including any violation of the terms of a criminal or civil restraining order.
17. How substance abuse does not cause violence but may substantially increase the risk of injury to victims. The risk of lethality is increased both during intoxication and withdrawal from substances.
18. How childhood events cannot be used to explain, excuse, or condone a batterer's present use of violence.
19. The erroneous concept of inter-generational inevitability of violence without denying the significance and pain of childhood experiences of violence.

**I understand English and have read and agree the above terms and conditions.**

# CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

## Program Topic Curriculum

### CORNERSTONE BATTERERS TREATMENT LESSONS

<b>Lesson</b>		
1.	Denial, Accountability, and the Costs of Domestic Violence	3
2.	Definitions of Abuse, Domestic Violence, Cycle of Violence and Power and Control	5
3.	Barriers To Change	6
4.	What Recovering Batterers Want You To Know	8
5.	Batterer Treatment Goals	9
6.	Domestic Abuse Scale Questionnaire	11
7.	Time-out! How and When to Take One	12
8.	Power and Control in Relationships	13
9.	Equality in Relationships	14
10.	Comparing the These Two Wheels and Your Examples	15
11.	Who taught you how to be a Man?	17
12.	The Non-Violence Model	18
13.	Response Choices with Your Partner and Others	19
14.	Matrix of Responses Choices	20
15.	<b>Video Lesson - Why are you so Angry?</b>	68
16.	Assertive Requests	21
17.	How Couples Work Together as a Team	22
18.	Assertive Refusals and When Saying No Is Necessary	23
19.	Active Listening Skills	24
20.	Empathy: What does it mean and how to apply it	25
21.	Feeling Word Vocabulary	27
22.	Moods, Reactions and Meds and Guidelines to Fair Fights	28
23.	Parenting Toolkit	29
24.	Assertive Expressions: Definitions and Practice	30
25.	The Power of Language	32
26.	Motivation and Visualization and Communication Roadblocks	33
27.	Anger Triggers	34
28.	Identifying High Risk Situations	35
29.	General Differences in Men's And Women's Communication Styles:	36
30.	Things Partners do to Abuse Each other	37
31.	Stress Signals and Relief	38
32.	Understanding Jealousy	39
33.	Stages of A New Relationship and How to Manage Them	40
34.	Critical Moment Log Lesson	41
35.	Adversity Response Choices (AQ) and Cognitive Distortions	42
36.	The ABCD Format	43
37.	Managing Tasks	44
38.	Coaching Boys into Men	45
39.	Why Battered Women Stay	46
40.	<b>Video Lesson – Telling Amy’s Story (Verizon)</b>	68
41.	Batterer Thinking and Codependence and Managing Holiday Stress	47
42.	Cultures and Characteristics	48
43.	The Bully vs. The Bullied	49
44.	Steps to De-Escalate Conflicts in Relationships	51
45.	Drug Use and Anger	52
46.	Checklist of symptoms leading to Relapse (For Addictions or Violence)	53
47.	16 Motivators of Life	54
48.	Networking Lesson (NQ) and the LCS Exercise	55
49.	Couples Communication Model	56
50.	Lesson on Attitude and Change – Part I and Dialogue Facts	57
51.	Lesson on Attitude and Change – Part II – Your Legacy	58
52.	The Road Map of Your Life Lesson	59
53.	Work Trap – Balancing Work and Family	60
54.	7-Step Model to Setting and Achieving Your Goals	61
55.	Workplace Assertiveness	62
56.	Lesson on Life – Sorting Through the Messages	65
57.	Lesson on Life – Moving Toward Acceptance and Gratitude	66
58.	Lesson on Life – Success, Money and Stuff	67
59.	<b>Video Lesson – Unforgivable (John Ritter)</b>	68
	Reminders and Resource List	69

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 likely result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.

Client Signature \_\_\_\_\_  
Property of Cornerstone Counseling Center – Return to the Office at Time of Intake - 2025 Intake

Date \_\_\_\_\_

# Cornerstone Counseling Center – Online Rules

805-390-6384

Ventura – Simi Valley – Thousand Oaks – Chatsworth – Agoura Hills

Scott Barrella, MS LMFT – Clinical Director and Facilitator

- All above contractual obligations still apply and you agree to these conditional online terms.

## Virtual Group Rules

1. All rules apply for the duration of the meeting.
2. Participants must be alone (this includes children).
3. Camera must always remain on.
4. Screen must not be visible to anyone other than the participant.
5. Headphones/earbuds should be used if anyone other than participant can hear the session.
6. Appropriate lighting that allows clear view of participant and background.
7. Participant cannot be doing ANYTHING else during the session.

### LOCATION

8. Vehicle - The vehicle must be PARKED before the session starts.
9. Outdoors - Participant must use headphones/earbuds and have their back to a solid wall/object.
10. Indoors - Alone in a separate room from others. Use headphones/earbuds if necessary.
11. Participants should not be walking around/changing location.

### APPEARANCE

12. Appropriately dressed; no sunglasses, masks, or any object that blocks the face in any way.
13. Participant's full face and shoulders should be visible and unobstructed.

### EQUIPMENT

14. Camera must always be on.
15. Device (phone/tablet/laptop) must be charged/plugged in and remain on.
16. Device should ONLY be used for the session, no other windows/programs active during the meeting.
17. The use of any secondary electronic device (TV/phone/smartwatch/etc.) is prohibited.
18. No texting or taking calls during the session.
19. Filters/visual augmentation software is prohibited.

### ADDITIONAL

20. Participants can sit or stand but must always maintain their full face and shoulders visible.
21. No smoking of any kind (cigarettes, vape pens, cigars, etc.)
22. No cooking, preparing food, or eating.
23. Only non-alcoholic beverages are allowed.
24. Participants should not be distracted doing anything other than paying attention/participating in group.

- 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 likely result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.



# CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client Name \_\_\_\_\_ DATE \_\_\_\_\_

**DO NOT FILL THIS PAGE OUT - BUT MUST Sign the bottom of page**

## Notice of Complaint Process and Form:

- At Cornerstone Counseling Locations (ask your group leader) or off visit our website.

## How to file a complaint:

- Request and complete a complaint form and drop-off at Cornerstone
- Scan and Email to Cornerstonesb@aol.com

### **Cornerstone Complaint Form:**

Please complete all this form. Use the back of this page if you need to.

- Your Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_
- Why are you taking the Class? \_\_\_\_\_
- Probation Officer or Social Worker Name: \_\_\_\_\_
- Your Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ day/eve message Okay? Yes No
- Work Phone: \_\_\_\_\_ day/eve message Okay? Yes No
- Facilitators Name: \_\_\_\_\_ Class Location: \_\_\_\_\_
- Please tell us what/when/where/how/why it happened. Please provide any detailed information which you think will help us resolve the situation. Write on the back of this form if necessary.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- What would you like us to do to help resolve the situation? What do you want done about this?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ++++++

Email to [CornerstoneSB@aol.com](mailto:CornerstoneSB@aol.com) or Mail to 1633 Erringer Rd, Suite 201C, Simi Valley CA 93065

- You will receive a written and/or verbal response within five business days from the date of this form being received in our offices.
- If you do not agree with the response provided, you have the right to ask us to change the findings by filing an Appeal.

## If you have an urgent problem:

- Contact Scott Barrella, LMFT Clinical Director at: 805-390-6384 or Email at [CornerstoneSB@aol.com](mailto:CornerstoneSB@aol.com)

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 likely result in my dismissal from the program and Probation notification. This is always left up to the discretion of Cornerstone Staff.