CORNERSTONE – Anger Management Group Intake Form

Agoura Hills Simi Valley Ventura Thousand Oaks Van Nuys

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?_____

Attorney Name:_____ **Phone Number:**_____

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 **Date**

Property of Cornerstone Counseling 2026

CORNERSTONE ANGER MANAGEMENT CONTRACT

Client_Name_____DATE_____

Case or License#_____ Date of Birth_____

1) I agree to pay my **established fee of $ 70 per individual lesson** and/**or $35 Per group lesson**. **No Credit Cards** –Payment Options are Venmo, Zelle, Apple Pay or cash to office. Payment due 24 hours prior to a session.

2) I know that I need to call **48 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 ($70 per lesson missed). Due by next day.

3) I know that recording of any session is prohibited.

4) I will follow all ZOOM rules as outlined on page 4.

5) I know that any reproduction of teaching materials obtained from Cornerstone is prohibited without written permission.

6) 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.

7) 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 **2 Absences**.

8) 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.**

9) 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.

10) 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.

11) 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.

12) I agree to attend a minimum of **16 lessons** , in **no less than 8 weeks** and **no more than 16** 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.

13) I know that I must attend my regularly scheduled session every week. Make-up sessions must be scheduled in advance by the facilitator.

14) 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.

15) 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 2026

Client_Name_____DATE_____

Client ID#_____ Client Date of Birth_____

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.

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 therapy.

_____ _____

Signature/ Print Name Date

_____ _____

Signature / Print Name Date

Property of Cornerstone Counseling 2026

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 givenand 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 2026