CORNERSTONE Counseling Center

Co-Parenting / Parenting Intake Form – CORNERSTONE 2026

Date_____ **Referred by:**_____

1) Primary Client Name _____ **Birth Date**_____
2) Other Client Name _____ **Birth Date**_____
Home Address_____ **H Phone**_____
_____ **Cell #(s)**_____
Other Address (if different)_____ **H Phone**_____
_____ **Cell #(s)**_____
1) EMAIL1#_____ **Drivers License #**_____
2) EMAIL 2#_____ **Drivers License #**_____

Employer Name(s)_____ **Job Title(s)**_____
Work City_____ **Gross Monthly Income $:**_____
Employer City:_____ **Years with company:**_____
Emergency Contact: Name _____ **Phone**_____
Ex-partner Name:_____ **Phone**_____
Attorney's Name :_____ **Phone**_____
Children's Names Ages Schools Issues?
_____
_____
_____
_____
_____

Client Presenting Symptoms (Why are you seeking counseling?):
_____
_____

Contract (Page 1 of 2 Rules)

1. I know my fee for this program is **three payments** of **$250.**
2. **I know I must complete 12 lessons** over four zoom meetings to get a certificate of completion. Payment Options are: **Zelle or Apple Pay** (to the program phone number). I can also pay with Venmo or Cash.
3. I know that phone calls, texts and emails to **Cornerstone** will be billed at rate of **$250 per hour**.
4. I know I need to call/text/email **48 hours prior** to a session/class start time to cancel that planned session or I will pay **$250** for the cancelation by the end of the day of cancellation. Failure to comply with this clause will result in possible termination of this program and no refunds for prior sessions will be sent.
5. ***See page 2*** for additional release of information facts, file records and limits to confidentiality.
6. Attendance in counseling does not include legal or financial advice. If you need those services seek out a professional in those areas. Attendance is not a guarantee of change of behaviors. Other circumstances will affect results. No refunds given for any service already provided.
7. I know that Cornerstone does not have 24-hour response capability so if I am in a crisis, I will leave a message on the business voicemail and call 911 for help.

I have read and understand all of the above.

_____ _____
Signature NAME Date

_____ _____
Signature NAME Date

Cornerstone Counseling Center

Ventura – Simi Valley – Thousand Oaks – Agoura Hills – Van Nuys
Scott Barrella, MS LMFT (Lic. 32532) – Clinical Director/Therapist
Main Office: 1633 Erringer Road Suite 201C
Simi Valley, CA 93065 **805-390-6384**

Release of Information Statement of Facts:

Date: _____

Client Name: _____

Other Client Name: _____

Client DOB: _____

Clinician: **Cornerstone and Scott Barrella, MS LMFT**

Contract Facts (agreements):

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