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.

_____ _____
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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 regurlarly 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 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 classwill 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 establisehd fee for that day. Probation will be notified of this violation.

9) I agree to regularly and honesty participate in program classes by arriving on time, followin 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 encourage 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 advise 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 guarentee 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.

_____ _____
Client Signature **Date**

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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.

What is Domestic Violence (Various Types)?

_____ _____

Client Signature **Date**

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CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client_Name_____ **DATE**_____

- **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 thethreat 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 andintimidate 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 descretion of Cornerstone Staff.

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:

_____ _____

Client Signature **Date**

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CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client_Name_____ **DATE**_____

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 frequencey 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 HighSchool? 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.

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_____ _____
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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. 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.

Program Topic Curriculum (subject to change)

_____ _____

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CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client_Name_____ **DATE**_____

CORNERSTONE BATTERERS TREATMENT LESSONS

Lesson #	Topic/Lesson	Objective
1	**Understanding Domestic Violence**	Participants will define domestic violence and identify at least three abusive behaviors.
2	**Types of Abuse**	Participants will distinguish between physical, emotional, verbal, sexual, and financial abuse.
3	**Minimization and Denial**	Participants will recognize and challenge minimizing statements about abuse.
4	**Power and Control Wheel and Dynamics**	Participants will explain how power and control tactics affect intimate relationships.
5	**Equality Wheel and Dynamics**	Participants will explain how equality elements enhance intimate relationships.
6	**Accountability , Responsibility, and Costs of Abuse**	Participants will accept responsibility for abusive behavior without blaming others.
7	**Impact of Abuse on Victims**	Participants will describe emotional and psychological effects of abuse on victims.
8	**Impact of Domestic Violence on Children**	Participants will identify at least three ways children are affected by domestic violence.
9	**Cycle of Violence**	Participants will explain the tension-building, incident, reconciliation, and calm phases of abuse.
10	**TIME OUT LESSON - Identifying Personal Triggers**	Participants will identify personal triggers associated with aggressive behavior and learn the key elemnts in taking a TIME OUT!.
11	**Anger vs. Abuse**	Participants will distinguish between anger and intentional abusive conduct.
12	**Emotional Awareness**	Participants will identify and appropriately express primary emotions.
13	**Healthy Communication Skills**	Participants will demonstrate assertive communication during role-play activities.
14	**Active Listening**	Participants will practice reflective listening skills in group discussion.
15	**Conflict Resoltion Model**	Participants will identify two nonviolent conflict resolution strategies.
16	**Anger Triggers – OJ Simpson - Video lesson**	This lesson uses the book and documentary discussion surrounding *If I Did It* and the O.J. Simpson case
17	**Stress Management**	Participants will demonstrate at least two healthy coping skills for stress reduction.
18	**Cognitive Distortions**	Participants will identify distorted thinking patterns that justify abusive behavior.
19	**Jealousy and Possessiveness**	Participants will identify unhealthy jealousy and controlling behaviors.
20	**Respect in Relationships; Couples working as a Team**	Participants will define mutual respect and identify respectful relationship behaviors.
21	**Gender Roles and Socialization**	Participants will examine beliefs about gender roles that contribute to abuse.
22	**Entitlement Beliefs**	Participants will identify personal entitlement beliefs connected to abusive conduct.
23	**Healthy Boundaries**	Participants will identify and practice appropriate interpersonal boundaries.
24	**Empathy Development**	Participants will demonstrate understanding of another person's emotional experience.
25	**Nonviolent Decision-Making; Communication Roadblocks**	Participants will apply a step-by-step nonviolent decision-making process.
26	**Managing Impulses**	Participants will identify impulse-control strategies for high-conflict situations.
27	**Substance Abuse and Violence**	Participants will explain the relationship between substance use and violent behavior.
28	**Effects of Trauma**	Participants will identify how personal trauma history may influence current behaviors.
29	**Parenting Without Violence**	Participants will identify nonviolent parenting techniques.
30	**Co-Parenting Skills**	Participants will demonstrate cooperative communication strategies related to co-parenting.
31	**Financial Abuse Awareness**	Participants will identify behaviors associated with financial control and exploitation.
32	**Sexual Respect and Consent**	Participants will define consent and identify sexually coercive behaviors.
33	**Work Trap - Balancing Work and Family Time**	Participants will explore common challenges that create imbalance, learn time-management and boundary-setting skills, and develop realistic strategies to improve presence, reduce stress, and strengthen family connection.
34	**Introduction and use of the Critical Moment Log Form and Analysis**	Participants will identify and learn the proper way to log critical moments and disect the elements of those past events.
35	**Cultural Influences on Violence**	Participants will examine cultural beliefs that may normalize abuse.
36	**Managing Tasks**	Participants will practice new ways to organize key tasks and manage distractions.
37	**Men's and Women's Communication Styles**	Participants will implement self-monitoring techniques during conflict situations with his partner.
38	**Communication During Conflicts**	Participants will demonstrate de-escalation communication skills.
39	**Trust Building**	Participants will identify behaviors necessary to rebuild trust in relationships.
40	**Forgiveness and Accountability**	Participants will distinguish forgiveness from avoidance of responsibility.
41	**Video Lesson – Telling Amy's Story**	This lesson is based on the documentary *Telling Amy's Story* , which follows the life and domestic violence homicide of Amy. The film illustrates how patterns of control, escalation, isolation, and missed warning signs can develop over time in abusive relationships.
42	**Relapse Prevention Planning**	Participants will create a personal relapse prevention strategy.
43	**Recognizing Escalation Patterns**	Participants will identify warning signs of escalating aggression.
44	**Healthy Relationship Values**	Participants will identify values associated with equality and partnership.
45	**Problem-Solving Skills**	Participants will apply structured problem-solving methods to interpersonal conflicts.
46	**Road Map and Life Hightlights**	Participants will identify healthy support systems and reduce isolating behaviors.
47	**Building Social Support**	Participants will identify at least three positive community or personal supports.
48	**Self-Esteem and Setting Goals Techniques**	Participants will identify strengths and positive self-concepts unrelated to control.
49	**Emotional Regulation in Workplace**	Participants will practice mindfulness techniques to regulate emotional responses with various bosses.
50	**Repairing Harm**	Participants will identify appropriate ways to make amends without manipulation.
51	**Long-Term Behavior Change**	Participants will identify ongoing behaviors necessary for maintaining nonviolence.
52	**Video Lesson - Unforgivable - The Paul Hengstrom Story**	This lesson is based on the film *Unforgivable* , which explores the dynamics of domestic violence, coercive control, and the long-term psychological impact .

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 **Date**

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Client_Name_____ **DATE**_____

Cornerstone Counseling Center – Online Rules

805-390-6384 Ventura – Simi Valley – Thousand Oaks – Chatsworth – Agoura Hills

Scott Barrella, MS LMFT – Clincal 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, cigards, 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 descretion of Cornerstone Staff.**

_____ _____

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CORNERSTONE DOMESTIC VIOLENCE CLIENT CONTRACT/PROGRAM RULES

Client_Name_____ **DATE**_____

Information only - 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 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**

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 **Date**

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