

Integrated Healthworks

6208 West Poly Webb Road Arlington, TX 76016

Telephone: 817-483-0020 Fax: 817-572-6676

PARENT FACILITATION INFORMATION SHEET

Today's Date: _____ Parent Facilitator: _____

Client Information

Name: _____

Birth date: _____ DL#: _____ State _____

Address: _____ City/State: _____ Zip: _____

Home/Mobile Phone where we may leave a message:

May we contact you by email? No: Yes: If so,

Email Address(s): _____

Employer: _____

Other Parent's name: _____

How long were you and the other parent together? _____

If married, when was your divorce final? _____

Attorney Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Email Address(s): _____

Legal Assistant Name: _____

Email Address: _____

Amicus Attorney Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Email Address(s): _____

Legal Assistant Name: _____

Email Address(s): _____

Ad Litem Attorney Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Email Address(s): _____

Legal Assistant Name: _____

Email Address(s): _____

Have You Ever Used Any of the Following Other Court Related Interventions?

Parent Facilitator past present when: _____

Parent Coordinator past present when: _____

Custody Evaluator past present when: _____

Social Study past present when: _____

Court Ordered Therapy past present when: _____

Educational Consultant past present when: _____

Supervised Visitation past present when: _____

Reunification Therapy past present when: _____

Informed Consent for Parent Facilitation

I voluntarily agree to participate in Parent Facilitation with Carol Mapp, LCSW. I understand and acknowledge that Parent Facilitation is not psychotherapy. By signing this Informed consent for Parent Facilitation. I acknowledge that I have both read and understood all the terms and information contained herein. I will have opportunity to ask questions and seek clarification of anything that is unclear to me.

Client Signature _____

Date: _____

Professional Relationship

It is imperative that your relationship with your parent Facilitator remain solely a professional one. Personal and business relationships would undermine the effectiveness of the professional one. The successful completion of your case is important to me, but I am unable to have a personal or business relationship with you. Therefore, gifts, bartering, and trading services are not appropriate.

CONFIDENTIALITY:

In Parent Facilitation, there is no expectation of confidentiality. While a Parent Facilitator will not discuss your case with anyone not connected with your case, there are specific and limited circumstances when the Parent Facilitator shall discuss your case with people not associated with your case:

- 1) The client authorizes release of information, by signature, as specified in the Release of Information Form;
- 2) Where there is a clear threat to do serious bodily harm to yourself or others;
- 3) Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a person with developmental disabilities;
- 4) In response to a subpoena that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction.

I have read and understand the Notice of Privacy Practices provided to me by Carol Mapp, LCSW

Client Signature: _____ Date: _____

Payment for Services:

Forms of Payment: Cash, check, Visa, Mastercard, Discover, and American Express are accepted as payment. For your convenience, we have an online payment portal at www.carolmapp.net

Unpaid account: If your account is unpaid and there is no written agreement for a payment plan, I may have to use legal means to collect the debt. The office will make every effort to work with you.

Client Signature: _____ Date: _____

Cancellations/No Shows

If you must cancel an appointment for any reason, please give at least 24-hour notice. Otherwise, you will be billed the regular session fee. You may cancel an appointment 24 hours before your scheduled appointment via telephone at 817-483-0020 or email at carol@cmappassociates.com.

If you are running late to a session, please contact the office immediately. In the event a client arrives 20 minutes late or more for a session, the session will be rescheduled.

If you are the other parent no-shows an appointment, the parent who no-shows will be held responsible for 100% of the appointment fee.

Client Signature: _____ Date: _____

In the Event of Parent Facilitator’s Death

I acknowledge that, in the event the undersigned Parent Facilitator becomes incapacitated or dies, it will become necessary for another Parent Facilitator to take possession of my file and records. By signing this information and consent form, I give my consent to allow another licensed mental health professional selected by the undersigned Parent Facilitator to take possession of my file and records and provide me with copies upon request or deliver them to a Parent Facilitator of my choice. I will select a successor Parent Facilitator within a reasonable time and will notify the appointed licensed mental health professional.

Children Information

Name /Birth Date/Age /Grade/School/ Current Living Arrangements

Does your child(ren) see a therapist? No: Yes: If so, who is the therapist?

Others Living in the Home

Name/Birth Date/Age/Relationship to you

Involvement of extended family members or significant others

Who cares for your children when you are not at home?

Name: _____ Phone: _____

Name: _____ Phone: _____

Concerns about domestic violence?

No: Yes: If yes: Describe:

Were these concerns ever reported?

No: Yes: If so to whom and details of the report:

Concerns about neglect or sexual or physical abuse or the safety of your children?

No: Yes: If yes, please describe:

Were these concerns ever reported?

No: Yes: If so to whom and details of the report:

Is there a pending hearing?

Yes: No: If so, when? _____

Past CPS cases? Yes: No: If so, please describe:

Current open CPS case? Yes: No: If so, please describe:

Concerns about substance abuse or alcohol problems?

No: Yes: If yes, please describe:

Were these concerns ever reported?

No: Yes: If so, to whom and details of the report:

Please describe your child(ren)-include information on special needs:

Has your child ever been hospitalized in an in-patient hospital?

Yes: No: If so, please describe with dates:

Please describe your relationship with your child(ren):

Please describe the other parent's relationship with your child(ren):

Please describe your style of parenting:

What do you have in common with the other parent?

What discipline plans are in place for your child(ren)?:

What discipline plans are in place with the other parent?

Please describe your strengths as a parent:

Please describe your weaknesses as a parent:

Please describe the other parent's strengths as a parent:

What would it be like to be a child in your family?

Do you have any concerns regarding the mental health of the other parent? If so, please describe:

What will the other parent say about you?

How do you and the other parent communicate? Check all that apply:

- Face-to-face
- Email
- Text
- Our Family Wizard or other parent portal or app

Please describe the communication between you and the other parent:

Please describe your involvement in your child's activities, both past and present (include extracurricular activities, school events, medical and dental appointments, etc.):

How are decisions made regarding extra curricular activities? Who pays for these activities and do you have problems agreeing on them?

How do you and the other parent make decisions regarding your child's education?

Please describe your current parenting time with your children, including days and times of exchange and who provides transportation:

Please describe your current work hours:

Any prior arrests for anyone in the family?

No: Yes: If yes, please describe:

Describe the conflict between you and the other parent:

Problematic co-parent behaviors that need addressing:

Goals for Parent Facilitation:

Any Other information that you would like to share with your Parent Facilitator

Parent Signature: _____

Date: _____

Parent Facilitation Contract

Agreement/Expectations

As of today, _____ I agree to the following Parent Facilitation program guidelines to supplement our stipulation or court order for the appointment of Parent Facilitator, Carol A. Mapp, LCSW:

PARENT FACILITATION OVERVIEW

1. I understand that Parent Facilitation is **not psychotherapy**. There is no facilitator/client privilege or third-party reimbursement that will be expected. Although Parent Facilitation is a type of dispute resolution intended for high conflict families and uses mediation skills, it is not considered mediation or practice of law. I understand that the process of Parent Facilitation is non-confidential as it relates to any required testimony, status memos, or consultations with my attorney, court personnel, or case experts. The Parent Facilitator works as a neutral and objective party to assist both parents in resolving conflict in the best interest of their child(ren). _____
2. I have reviewed and agree to the **fee breakdown** on page 3 of this contract. I recognize that I will be financially responsible for any time invested by our Parent Facilitator that is associated with our case. If an item fee is not included on the fee sheets, the fee will be determined by the Parent Facilitator's typical hourly rate. The Parent Facilitator has the discretion to determine how to split email, document review, or professional calls unless set forth by an order of the court _____
3. We will **schedule joint sessions** every other week unless the Parent Facilitator recommends more frequent appointments. As soon as we achieve our mutual goals, we will be moved to an "as needed basis" so we will not be required to schedule appointments unless we reach an impasse. _____
4. I understand that the Parent Facilitator will **document non-compliance** with any court order, program agreements, and guidelines. _____
5. I agree that any **documents or other material** which one parent gives to the Parent Facilitator will have a fee associated with the time involved reading or viewing the material. Furthermore, any documents provided to the Parent Facilitator will be made available to the other parent. I acknowledge that no such communication is confidential. This includes e-mail communication and text messages. _____
6. I acknowledge that the Parent Facilitator is a **mandated reporter**. The Parent Facilitator must report concerns of abuse or neglect of children, elderly, or disabled persons to the appropriate authorities. _____
7. I understand that the Parent Facilitator may communicate with **any professional involved with our case**, including our attorneys, case experts, or court personnel. The Parent Facilitator's fees apply to any communication that is completed. _____
8. I acknowledge that the Parent Facilitator has the ability to refer me to **other resources, evaluations, and therapeutic interventions** when needed in the best interest of the child(ren). _____
9. I agree that the Parent Facilitator may ask extended family, including step-parents, to attend any joint meeting if their attendance will help resolve the conflict in our case. _____
10. If I change attorneys for any reason, I will provide written notice to the parent facilitator.

EXPECTED PARENT BEHAVIOR

1. I will **not discuss any information shared during the Parent Facilitation process with our child(ren)** or with any individual who may intentionally or unintentionally share this information with our child(ren). Exceptions may be requested by the Parent Facilitator. _____
2. I will be **responsible for my own behavior** and not focus on the behavior of my co-parent. I understand that I am expected to make changes that benefit our child. _____
3. I will **encourage our child(ren) to respect** and love the other parent in both homes. _____
4. I recognize that I am expected to **work towards the future** rather than stay focused on the past or on blaming the other parent. _____

5. I will make child focused decisions and sacrifices as needed. I will stay solution **focused on our child rather than fight to “win.”**

6. I understand that I am expected to **demonstrate respectful interactions** in spite of how I may be feeling towards the other parent.

7. I will take **responsibility for planning two parenting issues for each session** regarding matters that need to be resolved or discussed.

8. I will **not contact our Parent Facilitator after hours.** Parent facilitator will make all efforts to return calls within 24 hours unless it is a holiday or if Parent Facilitator is out of the office for professional reasons or if it is scheduled vacation. If I need to reschedule, I can contact the office and leave a message. I will email and indicate the exact nature of the emergency. _____
9. I will **greet my co-parent,** no matter how I feel about them every time I see them and even when my child is not present. (This includes the waiting room) _____
10. I **will not block my child’s contact** with the other parent either by phone or visitation unless there is an order in place to the contrary. I will ensure that my child returns any calls the other parent places to the child the same day whenever a voice message or text has been left for them. I will keep child calls and parent calls separate. _____
11. Above all, I will **use impulse control** and shield our child from parental conflict and all negative comments. _____
12. I will allow the child(ren) to express love for both parents in both homes. _____
13. I will **“consult” with my co-parent on all major non-emergency parenting decisions** rather than simply “inform” them regarding a unilateral decision. _____
14. I will **not schedule activities or appointments on the other parent’s time** without prior agreement, with the exception of regularly scheduled appointments or extra-curricular activities. _____
15. I will **honor the current order and all new agreements** made in our joint sessions. I will comply with recommendations made by our Parent Facilitator. _____
16. I understand that **communication with the Parent Facilitator** is very important. Telephone consultations and individual meetings will be made at the discretion of the Parent Facilitator. Email is only used for short responses, scheduling purposes, or as otherwise indicated in a court order or report. _____

Parent Facilitator Responsibilities include:

Parenting Facilitation is short-term solution-based coaching that finds solutions to the practical problems of Parenting.

- A. The Parenting Facilitator works as a neutral and objective party to assist both parents in resolving conflict in the best interest of their child(ren). _____
- B. The Parenting Facilitator coaches, arbitrates, and educates as needed. _____
- C. The Parenting Facilitator may be called upon as necessary to assist the family with any new conflicts until the child(ren) is(are) 18 years old.
- D. A Parenting Facilitator may also recommend resources and evaluations as he/she finds that action in the best interest of the child(ren). _____
- E. The Parenting Facilitator may communicate with any professional including the parents’ attorneys.
- F. The Parenting Facilitator has the ability to refer to other sources and evaluations if needed. _____
- G. For the safety of both parties, Parent facilitator, and staff, firearms—concealed or openly carried are not permitted on the premises _____

Parent Facilitation Fee Breakdown

\$250	60 minute individual intake or parent facilitation session
\$250	60 minute joint session
\$62.50	Per quarter hour for extended joint session
\$250	Per hour for phone consult during business hours, billed in increments of 15 minutes (15 minutes = \$62.50)
\$300	Per hour for phone consult after business hours, billed in increments of 15 minutes (15 minutes=\$75.00)
\$250	Per hour for reading and/or responding to email or text communication, or digital data billed in increments of 15 minutes
\$300	Per hour for drafting status reports, parenting plans, and final reports, billed in increments of 15 minutes
\$250	Per hour for phone calls and interviews with other professionals involved in case, billed in increments of 15 minutes
\$250	Per hour for document review, billable in increments of 15 minutes

OFFICE BUSINESS HOURS ARE MONDAY-THURSDAY 8:30am-5:00pm unless and FRIDAY 8:30-12:00 unless otherwise posted

SESSION FEES: I acknowledge that I will be billed for a joint session along with my co-parent's portion of the session if I am unable to control my behavior during the session. I will be responsible for my fee as well as my co-parent's fee for any cancellation made without 24-hour notice provided to both the Parent Facilitator and to my co-parent. In addition, I recognize that if I do not attend a scheduled session and have not provided notice, I will be responsible for my fee as well as my co-parent's fee. I understand that this fee applies regardless of who has been ordered to pay for the joint sessions. Payments are made at the conclusion of each session with either credit card or check. All meetings will be suspended until both parents are current with payment to the Parent Facilitator. _____

LITIGATION FEES:

In the event, the Parent Facilitator is subpoenaed by my attorney to testify or provide their records, I shall be responsible for all fees associated with this time, including preparation time. The Parent Facilitator must receive a minimum of 2 week notice before any testimony is required. A retainer shall be paid a minimum of seven (7) days in advance of any deposition or court date. If records are subpoenaed, a minimum of seven (7) working days is required to produce the records. If the hearing is cancelled in 48 hours or less, the retainer is non-refundable. If the Parent Facilitator is required to testify by order of the court, these fees shall be split equally unless otherwise ordered by the court.

\$300	Per hour for file preparation for court or depositions, billed in increments of 15 minutes
\$300	Per hour for document creation
\$300	Per hour for attorney consultations regarding an upcoming hearing
\$300	Per hour for depositions
\$300	Per hour for court testimony (\$1200 for half day or \$2400 for full day)
\$300	Express Fee if subpoena received less than 7 days before testimony required

Communication with Parent Facilitator: Emails will be utilized for brief communications only including scheduling of appointments and administrative purposes such as billing. Email is not a confidential form of communication. All emails are discoverable and are included in the record, therefore Carol Mapp, LCSW chooses not to conduct services by email, and discourages the use of email communication between herself and clients. Longer contact is possible, by appointment, to address immediate or intermediate concerns. We would be happy to schedule an appointment to assist you. _____

COMPLAINTS

If a parent has a complaint about the Parent Facilitator or is dissatisfied with the performance of the Parenting Facilitator, the parent is encouraged to work to resolve their differences with the Parent Facilitator. The following steps are to be followed in dealing with complaints:

Step 1: The parent will request an individual session with the Parent Facilitator in an attempt to work through the difficulty.

Step 2: The parent will put the complaint into a written summary of one page or less and submit it to Carol Mapp, LCSW.

Step 3: A consultation meeting with the parent and the Parent Facilitator.

Step 4: The parent may request that the court appoint another Parent Facilitator. _____

CONCLUSION

The Parent Facilitation process may be concluded in the following ways:

1. The process is successful and the parents agree that further meetings are not needed.
2. In the opinion of the Parent Facilitator, the process is not working due to non-compliance by one or both parents.
3. The Parent Facilitator withdraws because of concerns of personal safety or safety of any party.
4. An order of the court that vacates the Parent Facilitation order. _____

I have read and understand all four (4) pages of this contract. I have been provided a copy of this contract for my records. If I have an attorney, it is my responsibility to provide him/her with a copy of this document. My signature below indicates my agreement with all four (4) pages of this Parent Facilitation Agreement/Expectation Contract.

Print Name

Parent Signature

Date

Parent Facilitator

Date