

**Elizabeth Matola, MSW, LCSW
Mindful Therapy & Consulting, LLC
13965 W. Burleigh Rd. #203
Brookfield, WI 53005
262-391-8052**

Co-Parenting/Communication Counseling Participation Agreement

Goals for Parents:

1. Communicate about child related issues in a constructive and respectful manner.
2. Support each other as parents so they both may participate in and enjoy their children's growth and development.
3. Encourage children to love both parents and protect them from feeling caught in loyalty binds.
4. Keep children out of the middle of disagreements; not put them in the role of "messenger". Reduce or preferably eliminate tension children might feel when parents are together.
5. Establish quality parenting in both homes; support movement of child through normal developmental tasks; provide consistency and predictability as well as flexibility; work toward one coordination of household routines, responsibilities, discipline methods, limits, and expectations.
6. Establish a workable co-parenting relationship.
7. Keep the stress and problems of living in two homes to a minimum; encourage children to feel comfortable being open and sharing all aspects of their lives.

Role of the Co-Parenting Specialist/Counselor:

1. Identify and prioritize the concerns of the parents.
2. Resolve conflict effectively and respectfully; teach and reinforce constructive communication skills.
3. Provide parents with information and guidance with respect to what is in the best interests of their children, taking into consideration developmental and individual strengths, weaknesses, and needs.
4. Reinforce appropriate and constructive co-parenting behaviors.

Confidentiality:

Although sharing of information outside of the co-parenting team is not expected to be a regular occurrence, you may be asked to sign a consent form allowing the co-parenting specialist to communicate with your respective attorneys or your children's Guardian ad litem. In general, issues and concerns addressed in the co-parenting sessions will remain confidential. Exceptions include: If the specialist believes you may harm yourself; if you express intent to harm someone else; if there is reasonable suggestion of child abuse or neglect; if required by a judge.

**Elizabeth Matola, MSW, LCSW
Mindful Therapy & Consulting, LLC
Co-parenting Participation Agreement**

Fees:

All meetings will be billed at \$200 per hour. Fees are due at the time of the service. Payments may be made by cash, check, Visa or Mastercard. Most sessions will be provided in person, however, if extended telephone time is needed, these will be billed at \$50 per 15-minute segments. In addition, the co-parenting specialist may require a \$600 retainer fee.

Insurance may not be billed for these dispute resolution services.

In the case that fees are not paid at the time of service, the payments will be due on a time based on the mutual agreement of counselor and client. In rare instances, the unpaid balance may be sent to collections. **Collection Fees: In the case of overdue accounts that require collection, the fees for collection (minimum fee of 30% of balance due) will be billed to the client in addition to the balance owed.**

Election to Terminate:

If either parent decides that the co-parenting specialist is no longer viable and elects to terminate the sessions, he/she agrees to immediately inform the specialist, the other parent, and the attorneys.

Under no circumstance will the co-parenting specialist testify on behalf of or against any party who has been named in this agreement. **The client waives any right to have the co-parenting specialist, communication counselor testify in any court of law. The client agrees that he/she will not subpoena the specialist or the specialist's records to Court.**

Limitations:

The co-parenting communication counseling specialist does not guarantee success or elimination of past disharmony and irreconcilable differences.

I HAVE READ THE PARTICIPATION AGREEMENT IN ITS ENTIRETY, UNDERSTAND THE CONTENT, AND AGREE TO ITS TERMS.

(Client Printed Name)

(Signature)

(Date)

(Co-parenting/Communication Counseling Specialist Signature)

(Date)