

**Elizabeth Matola, MSW, LCSW**  
**Mindful Therapy & Consulting, LLC**  
**13965 W. Burleigh Rd. #203**  
**Brookfield, WI 53005**  
Fax: 262-785-2773

Child Specialist/Parent Consultant/ Family Mediator  
Participation Agreement

I \_\_\_\_\_ agree to retain Elizabeth Matola, MSW, LCSW in the role of Child Specialist/Parent Consultant/Family Mediator. I understand this role includes:

1. Working cooperatively with both parents, retained attorneys, and any other professionals involved to constructively discuss and assist in the resolution of child-related disputes.
2. Serving as a resource and offering parents information and guidance with respect to what is in the best interests of their children, taking into consideration developmental stage, individual strengths, weaknesses, temperament, needs, and circumstances specific to their family.
3. As appropriate, meeting with the children to allow them to express feelings, thoughts, and concerns about what is happening to them.
4. Providing feedback to the parents about how their children are doing and what the children's needs and concerns are.
5. If there is not a workable parenting plan in place, assisting the parents to craft one that is appropriate to their children's needs, stage of development, and overall best interests.
6. If there are difficulties, challenges, or concerns with the existing parenting plan, reviewing and revising the plan so as to better meet the needs of the children.
7. If trauma assessment is ordered or requested, trauma assessment will be provided in a report as trauma focused feedback, based on the report of adverse childhood experiences from all parties interviewed. There may be varying reports and perspectives provided, and it is understood that the assessment will reflect all perspectives gathered to the best of the child specialist's understanding. The child specialist will identify feedback from a trauma informed perspective.

**Disclosure Issues:**

The Child Specialist/Parent Consultant/Family Mediator is authorized to communicate with each party's attorney.

If children are seen, they will be advised that the Child Specialist/Parent Consultant/Family Mediator will be sharing information with their parents.

The parents agree to provide releases as requested allowing the Child Specialist/Parent Consultant/Family Mediator to obtain relevant information from other professionals such as therapists, teachers, health care providers, etc.

Issues and concerns addressed with the Child Specialist/Parent Consultant/Family Mediator will be confidential and all communications by either party or the Child Specialist/Parent Consultant/Family Mediator will be considered inadmissible as communication in mediation pursuant to statute 904.085. Exceptions to the above statement include an intent or disposition to endanger the health or safety of self or others or evidence of possible child abuse and/or neglect.

All parties agree no recording will take place during sessions with child specialist, phone conversations, or any other communication (including sessions with children), without express, advance, written permission from all parties (child specialist and parents). All recording devices are forbidden during sessions, and phones may be asked to be put away or turned off during the process. If a recording is obtained in violation of this policy, the child specialist process will be terminated. Additionally, if a session or communications are recorded without prior written agreement by all parties, client/parent agrees that such recording will not be used as evidence in *any current or future* legal action.

**Fees:**

All meetings will be billed at \$220 per hour. Fees are due at the time of service. Most sessions will be provided in person, however, if extended telephone time is needed, this will be billed at \$55 per 15 minute segment. In some cases a retainer may be required. No insurance can be utilized for

these services. A 24-hour advance notice of cancellation is required. Appointment times are reserved for your exclusive use, so you will be charged the full fee of \$220 per hour for late cancellations or missed appointments.

If your account balance is not paid in full, your account may be turned over to a collection agency and a Collection Fee up to 50% may be assessed to any unpaid balance.

**Election to Terminate:**

If either party or the Child Specialist/Parent Consultant/Family Mediator decides that this process is no longer viable or constructive, the decision to terminate will be honored. Withholding or misrepresentation of relevant information is cause for termination.

**Limitations:**

The Child Specialist/Parent Consultant/Family Mediator does not guarantee success in reducing or eliminating past disharmony and/or irreconcilable differences but will assist the parties in their mutual efforts to do so.

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Specialist/Parent Consultant/Family Mediator  
Signature: \_\_\_\_\_