

General Facts:

Your Name: _____ DOB _____
 Your ID or License #: _____
 Make and Model of your Car: _____ Lic Plate: _____
 Your Current Address _____ Phone (s) _____
 City _____ Email _____

First Child's Name _____ DOB _____ Age _____
 Next Child's Name _____ DOB _____ Age _____
 Next Child's Name _____ DOB _____ Age _____
 Next Child's Name _____ DOB _____ Age _____
 Child(ren) Primary Doctor Name _____ Phone _____
 Children's Primary address (if different): _____

Ex-Partner's (Parent) Name _____ DOB _____ Age _____
 Ex Address(if known) _____ Phone (s) _____
 City _____ Email _____

You must read and sign this agreement and conditions **prior** to scheduling a visit. Failure to comply with any of these rules will result in termination of the visit.

What Cornerstone Monitors will do:

Monitors may actively participate in the session by providing therapeutic interventions between the child and parent. We will also maintain a **neutral role** by refusing to discuss the merits or legal jargon of the case. We will not agree with or support one party over another. Cornerstone Monitors will provide a safe and comfortable atmosphere for the child(ren) during the visit. We will keep a **record** for each session, including (but not limited to) the following: a written record of each visit including the date, time, and duration of (ii) who attended the visit; (iii) a summary of activities during the visit; actions taken by the Monitor, including interventions, terminations, and reasons for these actions; violations of any laws; Parental abuse toward the child (physical, neglect or sexual) or parental substance use will be documented and reported.

Child(ren) Medical or Nutrition Issues:

The length of the visit is determined by the parties each time. The **non-custodial parent** is responsible for **full payment** of the session (unless otherwise ordered by a court). Payment is due prior to the start of the session. Any **reports** about the supervised visit, will be done at an **additional charge** (\$175 per hour; minimum of \$300). These reports will include facts, observations, and direct statements and not opinions or recommendations regarding future visitation unless ordered by the court to provide one. A copy of my report will be sent to both parents (and their attorneys).

Monitors may appear in court and testify. Whichever party subpoenas the Monitor, that person will pay \$300 per hour for preparation, travel, and attendance at any legal proceeding – Minimum fee is \$1000 per day. This fee still applies even if the court appearance gets rescheduled. The payment is due and payable **at least two business days prior** to the court proceeding.

Orientation

An initial orientation session may be scheduled with each parent (or legal guardian) individually **PRIOR** to the actual supervised visitation. The Custodial Parent should bring the children so they can meet the Monitor and become familiar with the office. The fee for this orientation is **\$100** (per parent attending) and should last no more than **40 minutes**.

Rules and Conditions that must be followed by both Parents for Supervised Visitation:

Both Parents must follow the below rules for the visitation:

1. The payment will be collected 48 hours prior to the scheduled visitation. Fee is \$200 per hour of time.
2. Both parties are expected to come to the office separately and leave separately. The **non-custodial** parent will arrive **at least 10 minutes prior to the scheduled visit**. That parent will enter the counseling office supervision room first. Note: You must cancel a visit **at least 48-hours prior to the scheduled visit otherwise the canceling party will be charged the full-fee (\$175 per hour scheduled) charge** for the missed visit.
3. No visits can occur if either parent appears to be under the influence of alcohol or drugs. These actions will be documented in the case file and could end up in a progress report.

4. After the arrival of the **Non-Custodial Parent**, the Monitor will contact the **Custodial parent** by **cell phone** to bring the child(ren) to the office building to start the session on time. The custodial parent will **not** be allowed to wait in the building during the visit.
5. The child(ren) and/or the Monitor may terminate the visit in the event of **emotional pain** as determined by the Monitor.
6. Sporadic attendance should be resolved by the custodial parent.
7. **Lost time** due to delays in the beginning of the visit **cannot** be made up. Notes will be kept regarding delays.
8. A **child** can elect to bring in favorite **toy or game** for use during the visit. These need to be **pre-approved** by the Cornerstone Monitor. **Video Games** will **not** be allowed.
9. The non-custodial parent cannot give the child(ren) gifts, money, or cards at the visit.
10. The office conditions must be maintained to assure the safety and welfare of the child. **No food or drinks are allowed. No photographing, audio recording, or videotaping** is allowed during the visit.
11. **Physical contact** with the child such as lap sitting, hair combing, stroking, prolonged hugging or kissing, wrestling, tickling, horseplaying will be **NOT** be allowed. The child will be allowed to initiate or decline any appropriate physical contact. Child **bathroom** breaks will be monitored as well.
12. No whispering, passing notes, hand signals, or body signals.
13. Ensure that all contact between the child and the parent is within the Monitor's hearing and sight at all times, and that discussions are audible to the Monitor.
14. The visiting parent agrees to stay within the defined visitation area in full view and hearing distance of the Monitor at all times. Whispering or passing notes is not allowed. Speaking in any language other than English is prohibited.
15. The Monitor will take the child on a bathroom break if necessary. The Custodial Parent should try to take each child to the bathroom prior to the start of the visit.
16. The Monitor may make other referrals for mental or physical health treatment should the need be identified during the visit.
17. If the children are coached and trying to get information from the Non-Custodial Parent regarding adult legal matters, they will be asked to stop. Failure to do so could result in termination of the visit and a note to the court.
18. Derogatory comments or inappropriate behavior by the parent when referring to the custodial parent, his or her family, or others will not be allowed. Inappropriate behavior, questions or comments could result in termination of the visit (without a refund).
19. Querying the child or Monitor for information about the ex-partner or others is not acceptable.
20. The parent must refrain from spanking, hitting, or threatening the child.
21. The **custodial parent** should plan to arrive no more than **10 minutes** prior to the conclusion time. **No alternate persons** can pick up the child. The child will never be allowed to leave with the Non-Custodial Parent. **Wait in the car with your cell phone on. You will be called to pick up the child outside the office.**
22. Failure to follow any of these rules will result in a termination of the visit and notes to the file.
23. Additional rules may be added at a later time by the Monitor as necessary. You will be informed of the changes verbally and then in writing later on.

Rules that your Children MUST follow (Custodial Parent: Please review with your children; Failure to comply will result in the termination of the session):

- 1) No hitting, punching, kicking, spitting on or slapping by the child(ren) on any other person.
- 2) No name calling (such as stupid, idiot, jerk, loser, etc.) by the child(ren) on another person during these visits.
- 3) No discussing the past, current or future court legal matters (such as Father's Anger Management, financial payments, future moves, custody or future court dates).
- 4) No throwing of objects at others (i.e., pencils, crayons, toys) by any person on another person during the visit.
- 5) No leaving the session until the custodial parent comes at the conclusion.
- 6) No climbing on the furniture or writing on the furniture.
- 7) Listen to and follow the Monitor. If new rules are outlined, pay attention and follow them.

I have read and agree to the two pages of above conditions. I know that if I violate the conditions, monitoring will be immediately terminated and a report generated for the file. Future visits may be suspended for violations.

Cornerstone Counseling Center



805-390-6384 Ventura – Simi Valley – Thousand Oaks – Agoura Hills - Barrella Inc.
Scott Barrella, MS LMFT – Clinical Director and Facilitator

Contract Extension for COVID 19 Rules:

Date: _____

Print Client Name: _____

Print Client Name: _____

Print Client Name: _____

Print Client Name: _____

Cornerstone Counseling will allow persons into the office under the following conditions that are understood and agreed upon by you the clients:

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that Cornerstone Counseling /Barrella Inc have put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that Cornerstone Counseling /Barrella Inc cannot guarantee that I will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of me and others, including, but not limited to, center staff, and other center clients and their families.
- I voluntarily seek services provided by Cornerstone Counseling /Barrella Inc and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment.

I attest that:

- * I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- * I have not traveled internationally within the last 14 days.
- * I have not traveled to a highly impacted area within the United States of America in the last 14 days.
- * I do not believe I have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
- * I have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non contagious by state or local public health authorities.

* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.

- I hereby release and agree to hold Cornerstone Counseling /Barrella Inc harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the center, or that may otherwise arise in any way in connection with any services received from Cornerstone Counseling /Barrella Inc LLC. I understand that this release discharges Cornerstone Counseling /Barrella Inc from any liability or claim that I, my heirs, or any personal representatives may have against the center with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Cornerstone Counseling /Barrella Inc LLC. This liability waiver and release extends to the center together with all owners, partners, and employees.
- **I agree to the above terms and conditions:**

Client Signature: _____ *Date* _____

Client Signature: _____ *Date* _____

Client Signature: _____ *Date* _____

Client Signature: _____ *Date* _____