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CO-PARENTING COUNSELING/MEDIATION AGREEMENT

This agreement is made between _____ and _____, hereinafter referred to as “the parties” and the co-parenting therapist/mediator, Dr. Carol Hirshfield.

Issues of Concern. The parties and/or the Court specify the following issues of concern that are to be addressed in the co-parenting mediation:

A) Emotional/Behavioral Problems of the Child(ren):

B) Problems Between parents and child(ren):

C) Communication, Co-parenting Difficulties:

D) Coaching on Parenting Skills:

E) Other (Specify):

Confidentiality and Reports to the Court.

There shall [] shall not [] be a direct report to the court regarding progress in co-parenting mediation. Note: Such report will not include recommendations regarding physical custody, visitation, or other issues which might constitute a 730 evaluation.

If there is no report to the court, co-parenting mediation shall [] shall not [] be considered confidential for the purposes of any future court hearings or evaluations regarding custody matters.

Dr. Carol Hirshfield may [] may not [] communicate in a simultaneous conference call with attorneys regarding this case. Such communication will occur only with prior signed consent of both parties, and only with both attorneys. No unilateral attorney conference calls will occur, except if Minor’s Counsel is involved. If there is an appointed Minor’s Counsel, such conferences will occur if that is within the authority of Minor’s Counsel.

Dr. Carol Hirshfield shall [] shall not [] have access to any evaluation reports, court filings or declarations that have previously been done regarding this case.

Dr. Carol Hirshfield may [] may not [] communicate with other family member's individual psychotherapists. Communication with outside parties will only be done with specific signed consent by both parties to give or receive information about themselves or their children.

Recording or videotaping sessions. I understand that no session may be electronically recorded by audiotaping, videotaping, or any other means by Dr. Hirshfield or any parties in the room for the session without their explicit agreement to do so.

Fees. The hourly rate for this service is \$ 250. The parties should arrange for payment of the deposit within five days prior to the initial session. The estimated deposit is based on 2 sessions of 2 hours each, or \$1,000. Further sessions are to be paid at the time of service. All unused fees will be refunded.

The cost of the co-parenting mediation shall be paid as follows: _____1/2 by each party; or other: _____. Payment should be made in the form of a check made payable to Carol Hirshfield, Ph.D, 11340 W. Olympic Blvd., Ste. 265, Los Angeles, CA 90064.

Authorization is requested for credit card payment of any fees not paid at the end of a calendar month or within one month of receipt of the statement. Provide information and sign the authorization on the form attached. In the event there is any problem collecting fees from either party, an interest charge of 1% of the outstanding balance will be accrued. In the event that costs are incurred in collecting outstanding fees, such costs will be the responsibility of the client.

Professional fees will be charged for all direct sessions, sessions with each party, and any phone calls or writings required in the course of the mediation, including but not limited to

communication with the parties, their attorneys, collaterals (teachers or other psychotherapists), or the court.

Cancellation of all sessions must be made within 48 hours (two business days) in advance, or the fee for the session will be charged to the party making the cancellation.

I, the undersigned have read the above fee policies and procedures and agree to abide by them. I agree to authorize payment for any fees outstanding at the end of any month on the authorization form attached.

Dated: _____ Signature: _____

Print Name: _____

Dated: _____ Signature: _____

Print Name: _____