



## CONTRACT FOR SERVICES

1. I understand cooperative parenting coordination is an attempt to coordinate a coparenting plan that addresses current and future issues related to raising children between two homes.
2. I understand cooperative parenting coordination does not involve adult's property, finances, or other issues that do not directly involve coparenting.
3. I understand I may not engage the facilitator in conversation without the other parent or other parties present unless specifically addressing scheduling issues related to cooperative parenting coordination appointments.
4. I understand an "agree to consider" is an agreement that the numbered issues were discussed for consideration of potential final resolution, but no final resolution was reached.
5. I understand that though I may reach final agreements in the cooperative parenting coordination session, facilitator encourages the parties to contact their attorneys prior to final resolution.
6. I understand that at any time I would like to take a break from the cooperative parenting coordination session, I may do so.
7. I understand any time during a break I may contact my attorney.
8. I understand that the cooperative parenting coordination process requires open and honest communication in order to succeed. Therefore, it is completely confidential, and all written and oral communications made during the cooperative parenting coordination are privileged settlement negotiations; and, I agree that no electronic and tape recordings will be made during the cooperative parenting coordination. Further: The consultant will not reveal anything discussed in cooperative parenting coordination without the permission of both parties. However, she/he is **required to report** certain matters, such as incidents of **child abuse or threats of physical violence**, and confidentiality does not extend to these matters.
9. I understand I may not at any time during or after the cooperative parenting coordination, call the facilitator as a witness in any legal or administrative proceeding concerning this dispute. To the extent that I may have a right to call the facilitator as a witness, that right is hereby waived.
10. I agree not to subpoena or demand the production of any records, notes, work product or the like of the consultant in any legal or administrative proceeding concerning this dispute. To the extent that I may have a legal right to demand these documents, that right is hereby waived. If, at a later time, either party decides to subpoena the consultant, the consultant will move to quash the subpoena. That party agrees to reimburse the consultant for whatever expenses she/he incurs in such an action.

11. The exceptions to the above confidentiality provisions include: (1) This agreement to utilize cooperative parenting coordination services and any written agreement made and signed by the parties as a result of cooperative parenting coordination may be used in any relevant proceeding, unless the parties make agreement not to do so; (2) Matters that are admissible in a court of law continue to be admissible even though raised in a cooperative parenting coordination session.
12. I understand the fee for the facilitator required to testify or appear in court is \$150.00 per hour rounded up to the nearest hour, including travel time, documentation preparation, and documentation review. A deposit of \$600.00 in advance for the facilitator's time is required at least 48 hours in advance. If the facilitator is notified prior to departure that the facilitator's time is not required to be present, the deposit will be refunded. If 3 hours of the facilitator's time (rounded up to the nearest hour) is not utilized, the facilitator will refund the time paid for that is not used.
13. I understand the fees for cooperative parenting coordination are \$150.00 per hour rounded up to the nearest 15 minute increment. **Payment is due at the time of service via check, cash, or money order.** Parties that do not cancel at least 24 weekday business hours prior to scheduled appointments will incur the fee for that appointment.

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Printed Name

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Signature

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Date

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Printed Name

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Signature

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Date