

8. This process and your children's well-being are both greatly enhanced by your mutual willingness to work together in their best interests. With this in mind, I strongly prefer that we meet together in every instance possible. However, in those instances in which such a mutual process is either threatening or non-productive, separate and parallel meetings can be conducted. Please be advised that this latter process is, by definition, much more time- and cost-consuming and less likely to succeed.
9. Following our initial meeting(s), I may request some or all of the following:
 - (a) Interview with each parent separately;
 - (b) Observation of each family separately;
 - (c) Interview with or observation of the child(ren) alone.
10. I welcome receipt of copies of any materials which you believe to be relevant to this process. Please be advised that it is not cost efficient to ask me to copy materials for you. In addition, I must ask that you each complete the paperwork available at: <http://www.healthyparent.com/Formspackage.pdf>. If you are not able to download this form, I will mail you a copy. Please feel free to bring this lengthy form in to our first meeting. Please complete this form about your child(ren), *not* about yourself.
11. In order to facilitate this work, I must have your written authorization allowing me to communicate openly with the Guardian ad litem or parenting coordinator, should one or both be appointed. Your signature below indicates not only that you understand and agree to the terms under which this work will be conducted, but also authorizes this open communication regarding yourself, the co-parenting relationship and the child(ren).
12. My time in this matter will be charged at XXX dollars (\$XXX.00) per hour, due in full at the time of service. If these costs are to be divided between two or more parties, I must ask that this be settled in advance of our first appointment. I will provide a complete receipt at the time of each meeting. You are free to submit these costs for third party reimbursement as you see fit.
13. Should this work be introduced into any legal process, all such time (e.g., interviews with attorneys, depositions and court appearances) is charged at my forensic services rate of YYY dollars (\$YYY.00) per hour, in part as a disincentive intended to discourage such involvement. Please be aware that I will require an advance retainer in advance of any such legal proceedings equal to the number of hours anticipated.
14. Our work together will remain confidential except to the extent that,
 - (a) I am concerned that any party is in danger;
 - (b) I have both of your written authorizations to exchange data with others;
 - (c) I receive a court order to release my records; and/or,
 - (d) Any other legal or ethical condition requires disclosure.
15. This work will be terminated only under one of the following conditions:
 - (a) I communicate to you in writing that I do not believe that this effort is constructive;
 - (b) You mutually agree that this work is no longer constructive;
 - (c) The Court orders that this work end; or
 - (d) One of the two of you refuses to participate.

16. Upon termination of this work for any of these reasons I will provide you with a written summary of services rendered to date upon your request.
17. The nature of this work routinely causes participants to feel aggrieved at some time. By signing this agreement and participating in this service, you agree to bring any such grievance to my attention in the first instance. Should your concern thereafter come before an administrative body or the court, you accept full responsibility for the costs I incur in this process, including but not limited to legal fees and lost income, unless or until the relevant administrative body or court directs otherwise.

Please don't hesitate to contact me with questions, concerns and comments at any time. I am,

Benjamin D. Garber, Ph.D.

Please print your full name _____ Today's date

Please sign your name indicating that you have read, understand and accept these terms.

Please sign your name indicating that you will allow Benjamin D. Garber, Ph.D. to communicate with the Guardian ad litem matters relevant to the children's well-being and the course of the proposed co-parenting facilitation.

Please print your mailing address (city, state and zip)

Preferred phone number _____ Alternate phone number

_____ @ _____

Please provide your e-mail address. By providing an e-mail address you are allowing Dr. Garber to communicate with you via electronic mail, you are acknowledging that electronic communications are not secure and you are allowing that this electronic address can be shared with your co-parent(s) in order to facilitate communication. Please be advised that you can establish a separate, no-cost e-mail address exclusively for this purpose via many online providers including www.yahoo.com and www.hotmail.com.