

RIVON LAW FIRM, PLLC

2201 Main Street, Ste 400-12, Dallas, Texas 75201

Telephone: 214-997-4073 Fax: 214-594-8058

PARENT FACILITATION INFORMATION SHEET

Today's Date: _____

Parent Facilitator: _____

Client Information

Name: _____

Birth date: _____ DL#: _____ State _____

Address: _____ City/State: _____ Zip: _____

Home/Mobile Phone where we may leave a message: _____

May we contact you by email? No: Yes: If so,

Email Address(s): _____

Employer: _____

Other Parent's name: _____

How long were you and the other parent together? _____

If married, when was your divorce final? _____

Attorney Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Email Address(s): _____

Legal Assistant Name: _____

Email Address: _____

Amicus Attorney Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Email Address(s): _____

Legal Assistant Name: _____

Email Address(s): _____

Ad Litem Attorney Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Office Telephone: _____ Office Fax: _____

Email Address(s): _____

Legal Assistant Name: _____

Email Address(s): _____

Have You Ever Used Any of the Following Other Court Related Interventions?

Parent Facilitator	past	present	when: _____
Parent Coordinator	past	present	when: _____
Custody Evaluator	past	present	when: _____
Social Study	past	present	when: _____
Court Ordered Therapy	past	present	when: _____
Educational Consultant	past	present	when: _____
Supervised Visitation	past	present	when: _____
Reunification Therapy	past	present	when: _____

Informed Consent for Parent Facilitation

I voluntarily agree to participate in Parent Facilitation with Ebony R. Rivon. I understand and acknowledge that Parent Facilitation is not psychotherapy. By signing this Informed consent for Parent Facilitation. I acknowledge that I have both read and understood all the terms and information contained herein. I will have opportunity to ask questions and seek clarification of anything that is unclear to me.

Client Signature _____

Date: _____

Professional Relationship

It is imperative that your relationship with your parent Facilitator remain solely a professional one. Personal and business relationships would undermine the effectiveness of the professional one. The successful completion of your case is important to me, but I am unable to have a personal or business relationship with you. Therefore, gifts, bartering, and trading services are not appropriate.

CONFIDENTIALITY:

In Parent Facilitation, there is no expectation of confidentiality. While a Parent Facilitator will not discuss your case with anyone not connected with your case, there are specific and limited circumstances when the Parent Facilitator shall discuss your case with people not associated with your case:

- 1) The client authorizes release of information, by signature, as specified in the Release of Information Form;
- 2) Where there is a clear threat to do serious bodily harm to yourself or others;
- 3) Where there is reason to suspect the occurrence of abuse or neglect of a child, a dependent adult, or a person with developmental disabilities;
- 4) In response to a subpoena that is associated with a regulatory complaint or in response to a subpoena from a court of competent jurisdiction.

I have read and understand the Notice of Privacy Practices provided to me by Ebony R. Rivon

Client Signature: _____ Date: _____

Payment for Services:

Forms of Payment: Cash, cashier check, money order, Visa, Mastercard, Discover, and American Express are accepted as payment. For your convenience, we have an online payment portal at <https://secure.lawpay.com/pages/rivon-law-firm/trust>

Unpaid account: If your account is unpaid and there is no written agreement for a payment plan, I may have to use legal means to collect the debt. The office will make every effort to work with you.

Client Signature: _____ Date: _____

Cancellations/No Shows

If you must cancel an appointment for any reason, please give at least 24-hour notice. Otherwise, you will be billed the regular session fee. You may cancel an appointment 24 hours before your scheduled appointment via telephone at 214-997-4073 or email at ebony@rivonlawfirm.com

If you are running late to a session, please contact the office immediately. In the event a client arrives 20 minutes late or more for a session, the session will be rescheduled.

If you are the other parent no-shows an appointment, the parent who no-shows will be held responsible for 100% of the appointment fee.

Client Signature: _____ Date: _____

In the Event of Parent Facilitator's Death

I acknowledge that, in the event the undersigned Parent Facilitator becomes incapacitated or dies, it will become necessary for another Parent Facilitator to take possession of my file and records. By signing this information and consent form, I give my consent to allow another licensed mental health professional selected by the undersigned Parent Facilitator to take possession of my file and records and provide me with copies upon request or deliver them to a Parent Facilitator of my choice. I will select a successor Parent Facilitator within a reasonable time and will notify the appointed licensed mental health professional.

Children Information

Name /Birth Date/Age /Grade/School/ Current Living Arrangements

Does your child(ren) see a therapist? No: Yes: If so, who is the therapist?

Others Living in the Home

Name/Birth Date/Age/Relationship to you

Involvement of extended family members or significant others

Who cares for your children when you are not at home?

Name: _____ Phone: _____

Name: _____ Phone: _____

Concerns about domestic violence?

No: Yes: If yes: Describe:

Were these concerns ever reported?

No: Yes: If so to whom and details of the report:

Concerns about neglect or sexual or physical abuse or the safety of your children?

No: Yes: If yes, please describe:

Were these concerns ever reported?

No: Yes: If so to whom and details of the report:

Is there a pending hearing?

Yes: No: If so, when? _____

Past CPS cases? Yes: No: If so, please describe:

Current open CPS case? Yes: No: If so, please describe:

Concerns about substance abuse or alcohol problems?

No: Yes: If yes, please describe:

Were these concerns ever reported?

No: Yes: If so, to whom and details of the report:

Please describe your child(ren)-include information on special needs:

Has your child ever been hospitalized in an in-patient hospital?

Yes: No: If so, please describe with dates:

Please describe your relationship with your child(ren):

Please describe the other parent's relationship with your child(ren):

Please describe your style of parenting:

What do you have in common with the other parent?

What discipline plans are in place for your child(ren)?:

What discipline plans are in place with the other parent?

Please describe your strengths as a parent:

Please describe your weaknesses as a parent:

Please describe the other parent's strengths as a parent:

What would it be like to be a child in your family?

Do you have any concerns regarding the mental health of the other parent? If so, please describe:

What will the other parent say about you?

How do you and the other parent communicate? Check all that apply:

- Face-to-face
- Email
- Text
- Our Family Wizard or other parent portal or app

Please describe the communication between you and the other parent:

Please describe your involvement in your child's activities, both past and present (include extracurricular activities, school events, medical and dental appointments, etc.):

How are decisions made regarding extra curricular activities? Who pays for these activities and do you have problems agreeing on them?

How do you and the other parent make decisions regarding your child's education?

Please describe your current parenting time with your children, including days and times of exchange and who provides transportation:

Please describe your current work hours:

Any prior arrests for anyone in the family?

No: Yes: If yes, please describe:

Describe the conflict between you and the other parent:

Problematic co-parent behaviors that need addressing:

Goals for Parent Facilitation:

Any Other information that you would like to share with your Parent Facilitator

Parent Signature: _____

Date: _____

Parent Facilitation Contract

Agreement/Expectations

As of today, I agree to the following Parent Facilitation program guidelines to supplement our stipulation or court order for the appointment of Parent Facilitator, Ebony R. Rivon:

PARENT FACILITATION PROCESS OVERVIEW

1. I understand that Parent Facilitation is not psychotherapy. There is no facilitator/client privilege or third-party reimbursement that will be expected. Although Parent Facilitation is a type of dispute resolution intended for high conflict families and uses mediation skills, it is not considered mediation or practice of law. I understand that the process of Parent Facilitation is non-confidential as it relates to any required testimony, status memos, or consultations with my attorney, court personnel, or case experts. The Parent Facilitator works as a neutral and objective party to assist both parents in resolving conflict in the best interest of their child(ren).
2. I have reviewed and agree to the fee breakdown. I recognize that I will be financially responsible for any time invested by our Parent Facilitator that is associated with our case. If an item fee is not included on the fee sheets, the fee will be determined by the Parent Facilitator's typical hourly rate. The Parent Facilitator has the discretion to determine how to split email, document review, or professional calls unless set forth by an order of the court.
3. We will schedule joint sessions every other week unless the Parent Facilitator recommends a different schedule. As soon as we achieve our mutual goals, we will be moved to an "as needed basis" so we will not be required to schedule appointments unless we reach an impasse.
4. I understand that the Parent Facilitator will document non-compliance with any court order, program agreements, and guidelines.
5. I agree that any documents or other material which one parent gives to the Parent Facilitator will have a fee associated with the time involved reading or viewing the material. Furthermore, any documents provided to the Parent Facilitator will be made available to the other parent. I acknowledge that no such communication is confidential. This includes e-mail communication and text messages.
6. I acknowledge that the Parent Facilitator is a mandated reporter. The Parent Facilitator must report concerns of abuse or neglect of children, elderly, or disabled persons to the appropriate authorities.
7. I understand that the Parent Facilitator may communicate with any professional involved with our case, including our attorneys, case experts, or court personnel. The Parent Facilitator's fees apply to any communication that is completed.
8. I acknowledge that the Parent Facilitator has the ability to refer me to other resources, evaluations, and therapeutic interventions when needed in the best interest of the child(ren).
9. I agree that the Parent Facilitator may ask extended family, including stepparents, to attend any joint meeting if their attendance will help resolve the conflict in our case.
10. If I change attorneys for any reason, I will provide written notice to the parent facilitator.

Parent Facilitator Responsibilities include:

Parenting Facilitation is short-term solution-based coaching that finds solutions to the practical problems of Parenting.

- A. The Parenting Facilitator works as a neutral and objective party to assist both parents in resolving conflict in the best interest of their child(ren).
- B. The Parenting Facilitator coaches, arbitrates, and educates as needed.
- C. The Parenting Facilitator may be called upon as necessary to assist the family with any new conflicts until the child(ren) is(are) 18 years old.
- D. A Parenting Facilitator may also recommend resources and evaluations as he/she finds that action in the best interest of the child(ren).
- E. The Parenting Facilitator may communicate with any professional including the parents' attorneys.
- F. The Parenting Facilitator has the ability to refer to other sources and evaluations if needed.
- G. For the safety of both parties, Parent facilitator, and staff, firearms—concealed or openly carried are not permitted on the premises.

EXPECTED PARENT BEHAVIOR

1. I will **not discuss any information shared during the Parent Facilitation process with our child(ren)** or with any individual who may intentionally or unintentionally share this information with our child(ren). Exceptions may be requested by the Parent Facilitator.
2. I will be **responsible for my own behavior** and not focus on the behavior of my co-parent. I understand that I am expected to make changes that benefit our child(ren).
3. I will **encourage our child(ren) to respect** and love the other parent in both homes.
4. I recognize that I am expected to **work towards the future** rather than stay focused on the past or on blaming the other parent.
5. I will make child focused decisions and sacrifices as needed. I will stay solution **focused on our child rather than fight to “win.”**
6. I understand that I am expected to **demonstrate respectful interactions** in spite of how I may be feeling towards the other parent.
7. I will take **responsibility for planning two parenting issues for each session** regarding matters that need to be resolved or discussed.
8. I will **not contact our Parent Facilitator after hours** unless I am having an emergency that is “child focused”. Parent facilitator will make all efforts to return calls within 24 hours unless it is a holiday or if Parent Facilitator is out of the office for professional reasons or if it is scheduled vacation. If I need to reschedule, I can contact the office and leave a message. I will email and indicate the exact nature of the emergency.
9. I will **greet my co-parent**, no matter how I feel about them every time I see them and even when my child is not present. (This includes the waiting room)
10. I **will not block my child’s contact** with the other parent either by phone or visitation unless there is an order in place to the contrary. I will ensure that my child returns any calls the other parent places to the child the same day whenever a voice message or text has been left for them. I will keep child calls and parent calls separate.
11. Above all, I will **use impulse control** and shield our child from parental conflict and all negative comments.
12. I will allow the child(ren) to express love for both parents in both homes.
13. I will **“consult” with my co-parent on all major non-emergency parenting decisions** rather than simply “inform” them regarding a unilateral decision.
14. I will **not schedule activities or appointments on the other parent’s time** without prior agreement, with the exception of regularly scheduled appointments or extra-curricular activities.
15. I will **honor the current order and all new agreements** made in our joint sessions. I will comply with recommendations made by our Parent Facilitator.
16. I understand that **communication with the Parent Facilitator** is very important. Telephone consultations and individual meetings will be made at the discretion of the Parent Facilitator. Email is only used for short responses, scheduling purposes, or as otherwise indicated in a court order or report.
17. I understand that all written communication including email with Parent Facilitator is discoverable and no privilege exists. If I choose to send an email to the Parent Facilitator, it becomes a part of the Parent Facilitator court record and may be shared with attorneys of record, court personnel, judge, case professionals, or the other parent as the court sees fit.

Parent Signature

Date

Parent Facilitation Fee Breakdown

\$400 45-minute individual intake or coaching session with parent or significant other if ordered by the court

\$400 45-minute intake for child, if ordered by the court

\$400 45-minute joint session with both parents

\$100 Per quarter hour for extended joint session

\$400 Per hour for phone consult during business hours, billed in increments of 15 minutes (15 minutes = \$100.00)

\$500 Per hour for phone consult *after* business hours, billed in increments of 15 minutes (15 minutes=\$125.00)

\$500 Per hour for emergency phone call *after* hours, billed in increments of 15 minutes (15 minutes=\$125.00)

\$400 Per hour for reading and/or responding to email or text communication, billed in increments of 15 minutes (15 minutes=\$100.00)

\$400 Per hour for drafting status reports, parenting plans, and final reports, billed in increments of 15 minutes (15 minutes=\$100.00)

\$400 Per hour for phone calls and interviews with other professionals, billed in increments of 15 minutes (15 minutes=\$100.00)

\$400 Per hour for document review, billable in increments of 15 minutes (15 minutes=\$100.00)

\$400 Per hour for video or audio review, billable in increments of 15 minutes (15 minutes=\$100.00)

BUSINESS HOURS ARE MONDAY-THURSDAY 9:00 am-4:00 pm unless otherwise posted

I acknowledge that I will be billed for a joint session along with my co-parent's portion of the session if I am unable to control my behavior during the session. I will be responsible for my fee as well as my co-parent's fee for any cancellation made without 24-hour notice provided to both the Parent Facilitator and to my co-parent. In addition, I recognize that if I do not attend a scheduled session and have not provided notice, I will be responsible for my fee as well as my co-parent's fee. I understand that this fee applies regardless of who has been ordered to pay for the joint sessions. Payments are made at the beginning of each session with either cash, credit card, or check. All meetings will be suspended if a parent is not current with payment to the Parent Facilitator.

3% FEE CHARGED ON ALL CARD TRANSACTIONS

LITIGATION RATES:

In the event, the Parent Facilitator is subpoenaed by my attorney to testify or provide their records, I shall be responsible for all fees associated with this time, including preparation time. The Parent Facilitator must receive a minimum of 72-hour notice before any testimony is required. A non-refundable retainer shall be paid a minimum of three (3) days in advance of any deposition or court date. If records are subpoenaed, a minimum of fourteen (14) working days are required to produce the records. If the Parent Facilitator is required to testify by the Judge, these fees shall be split equally between the parents, unless otherwise ordered by the court.

\$500 Per hour for file preparation for court or depositions, billed in increments of 15 minutes (15 minutes=\$125.00)

\$500 Per hour for file duplication, billed in increments of 15 minutes (15 minutes=\$125.00))

\$500 Per hour for transportation/travel time, billed in increments of 15 minutes (15 minutes=\$125.00))

\$500 Per hour for attorney consultations, billed in increments of 15 minutes (15 minutes=\$125.00))

\$500 Per hour for depositions plus travel, billed in increments of 15 minutes (15 minutes=\$125.00))

Court or Zoom testimony requires a non-refundable retainer of \$2,500 for a half-day or \$5,000 for a full-day, which is due 5 business days before the testimony. An Express Fee of \$1,000 is required, in addition to fee, if subpoenas are received less than 72 hours before testimony.

Parent Signature

Date

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CONCERNS and CONCLUSIONS

If a parent has a complaint about the Parent Facilitator or is dissatisfied with the performance of the Parenting Facilitator, the parent is encouraged to work to resolve their differences with the Parent Facilitator. The following steps are to be followed in dealing with complaints:

- Step 1: The parent will request an individual session with the Parent Facilitator in an attempt to work through the difficulty.
- Step 2: The parent will put the complaint into a written summary of one page or less and submit it to Ebony R. Rivon.
- Step 3: A consultation meeting with the parent and the Parent Facilitator.
- Step 4: The parent may request that the court appoint another Parent Facilitator.

CONCLUSION

The Parent Facilitation process may be concluded in the following three ways:

1. The process is successful, and the parents agree that further meetings are not needed.
2. In the opinion of the Parent Facilitator, the process is not working due to non-compliance by one or both parents.
3. The Parent Facilitator withdraws because of concerns of personal safety or safety of any party.

I have read and understand all four (4) documents of this contract. I have been provided a copy of this contract for my records. If I have an attorney, it is my responsibility to provide him/her with a copy of this document. My electronic signature indicates my agreement with all four (4) documents of this Parent Facilitation Agreement/Expectation Contract.

Parent Signature

Date