

INTAKE FORM for CO-PARENTING

Date: _____ Referred by: _____

Who is currently living in your household (including yourself)?

Name	Birth Date	Family Relationship Or Other	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Address _____

Mailing Address _____

_____/_____/_____/_____

Home Phone Cell Phone Work Phone E-Mail

Is there a court ordered custody agreement in effect? Yes No

Describe your current parent time agreement. _____

Is there any unresolved litigation in the courts? Yes No

Please describe _____

Attorney _____ Guardian ad Litem _____

Custody Investigator _____ Other involved persons _____

1010 West Tenth Avenue Anchorage, Alaska 99501 (mailing address) 907-278-5522 phone

2605 Denali, Suite 203 Anchorage Alaska 99503 (office address) 907-258-6613 fax

info@mercydennis.com

<http://www.mercydennis.com>

Commit to Care

I, _____, parent of _____,
(parent name) (child/rens name)

make a commitment to the long term mental health of my child/ren.

I agree to take the lead to do whatever is necessary to reduce conflict and tension between myself and _____.
(co-parent's name)

I am sincerely committed to loving my child/ren. I realize that to be a good parent I must give up my negative and destructive behaviors. I realize these behaviors will only damage my child's well being. Even if _____ does not honor this
(co-parent's name)

commitment, I can still be effective in making a difference in the patterns of our relationship. However, this will not mean that I will give in to unusual demands nor does it mean that I will fight to win. It does mean that I will avoid any conflict in my child/ren's presence. I will learn and practice new techniques for handling situations that create problems. Changing will not be easy. However, I will do this for _____,
(child/rens name)

Because I love my child/ren, I will take this action willingly.

Parent Signature _____ Date _____

Co-Parenting Agreement

Mercy Dennis' role as a Family Therapist and Co-Parent Coach is to educate, mediate, monitor, follow the court order and assist us, the parents, in creating a healthy co-parenting environment for our child/ren. As a family therapist in this situation she will work with us, the parents, to facilitate our being the best parents we both can be to our child/ren. Her primary jobs are to support parental access, reduce stress for the child/ren and teach conflict resolution and co-parenting skills to us. We, the parents, and Mercy Dennis, will together identify the goals of each session.

Mercy Dennis' role does not include an evaluation of the parenting abilities of either of us. If she or one of us determines at any time that we are unable to work together to meet the established goals of our sessions she will report this to the attorneys, and/or guardian ad litem if they are involved. Mercy Dennis understands that she has been given no guardian ad litem if these sessions are not intended to be used for litigation purposes. We agree not to call Mercy Dennis to serve as a witness in any litigation we are currently involved in or any future litigation between the two of us unless prior agreement is made with Mercy Dennis. Mercy Dennis will provide us with a summary of each session. We may offer an addendum if either of us believes there is an error or omission on the report. This same session report will be placed in our co-parenting file in the office of Mercy Dennis.

As Mercy Dennis deems beneficial to consult regarding completing our co-parenting goals we, the parents, will give her signed releases for contacting our individual and child/ren's therapist, our individual attorneys, any designated court personnel, including but not limited to, the judge, the custody investigator, the guardian ad litem and/or any other person involved with this case.

The charge of \$220.00 per 90 minute / \$190.00 per hour for a co-parenting session will be split between us, the parents, and is payable at the time of the session. This charge covers the session and the summary report. Charges for other reports or extensive consults (more than 15 minutes) will be prorated based on the \$190.00 per hour rate. We will meet on a schedule that is agreeable to the three of us. If we, the parents, are unavailable or unwilling to comply with the recommended number of sessions necessary to complete the established goals we understand Mercy Dennis will consider it an irresolvable issue and terminate the sessions.

I freely choose to enter into this Co-Parenting Agreement with Mercy Dennis, LMFT, with the knowledge of the conditions stated in this agreement.

Parent: _____ Date: _____

Parent: _____ Date: _____

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