

---

## FORENSIC COUNSELING SERVICES

Aaron Robb, Ph.D., LPC-S  
*Program Director*

Mailing address:

2831 Eldorado Pkwy, Ste. 103-377, Frisco, TX 75033

Telephone: 972-360-7437

Interview office:

250 N. Mill St. Suite 5, Lewisville (across from City Hall)

Fax: 940-343-2601

www.texascounseling.org

---

### PARENTING FACILITATION ADVISEMENT FORM

Cause Number: \_\_\_\_\_ Children's Names: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned client, understand that court has appointed Aaron Robb, Ph.D., LPC-S, program director of Forensic Counseling Services, to provide parenting facilitation services related to litigation pertaining to the above-named children. I understand the parenting facilitator is serving as an extension of the court. I further understand that the parenting facilitator has full discretion regarding program implementation as outlined in this document.

#### Philosophy of Services

Parenting facilitation services focus on reducing parental conflict in order to enhance the children's emotional functioning and facilitate shared parenting. A parenting facilitator is a neutral person to whom parents can turn when in dispute on matters relating to the children. The parenting facilitator will examine a case and follow the orders of the court to assist the parents in compliance with the orders. The parenting facilitator may also assist the parents in enhancing their co-parenting relationship.

Parenting facilitation is an attempt to implement and, as needed, adapt a co-parenting plan that addresses current and future issues related to raising children between two homes. The role of the parenting facilitator is to help parents reach successful resolution of disagreements regarding parenting issues themselves. If authorized to do so by court order, the parenting facilitator may also make recommendations for the parents in the event the parents are unable to agree on solutions. Parenting facilitation does not involve adult's property, finances, or other issues that do not directly involve co-parenting.

**Initial:** \_\_\_\_\_

Forensic Counseling Services • 2831 Eldorado Parkway, Suite 103-377 • Frisco, TX 75033  
Telephone 972-360-7437 • Fax 940-343-2601

## **Basic Service Arrangements**

**Initiating services:** After a case has been accepted for services parents or their lawyers must provide any pertinent court orders or other reports. These may include additional intake information, affidavit material, records regarding either parent, records regarding the children, correspondence, prior assessments, and other relevant information. The parenting facilitator may review this information prior to setting meetings.

**Meetings:** The parenting facilitator may have joint sessions with the parents, individual sessions with one or both of the parents, sessions involving other relevant family members, meetings with the children, consultation with other family service providers, and home visits as necessary. The parenting facilitator may interview the children privately in order to ascertain the children's needs as to the issues at hand in the specific case. In conducting such interviews, the parenting facilitator will not encourage or facilitate the children choosing between the parents but may encourage the child to understand they live in multiple homes.

During meetings with the parents or others the parenting facilitator may provide education about co-parenting, communication, and child development. The parenting facilitator may provide training for the parents on how to better communicate with each other and their children and may refer the parents to other professionals for additional services. I agree that no electronic/tape recordings will be made during meetings with the parenting facilitator without the consent of all parties.

**Contacting the parenting facilitator:** Outside of telephone contacts regarding scheduling, communication initiated from the parents to the parenting facilitator should occur via Our Family Wizard or in writing to the mailing address or fax number below. Do not deliver information to the interview office, it should be sent to the mailing address. Please do not contact the facilitator by e-mail. The parenting facilitator may respond in writing or by telephone as deemed appropriate by the parenting facilitator. Responses may include scheduling additional appointments with one or both parents before providing specific feedback.

The parents shall direct any disagreements regarding the children to the parenting facilitator before seeking court action, unless a child's safety is jeopardized. Any concerns or complaints regarding the parenting facilitator or the parenting facilitation process should be addressed to the parenting facilitator in writing.

**Other issues:** Parenting facilitation is not an emergency service. If an emergency occurs during the time families are receiving services, the parents are to call 911 or other crisis intervention services.

Parents are required to enroll in the Our Family Wizard program ([www.ourfamilywizard.com](http://www.ourfamilywizard.com)) and are required to direct communication to each other through Our Family Wizard. There is no

**Initial:** \_\_\_\_\_

Forensic Counseling Services • 2831 Eldorado Parkway, Suite 103-377 • Frisco, TX 75033  
Telephone 972-360-7437 • Fax 940-343-2601

pecuniary association between Forensic Counseling Services or FCS staff and the Our Family Wizard company. Communication by the parenting facilitator through Our Family Wizard to one or both parents is considered part of parenting facilitation sessions and individual feedback may be provided similar to the feedback provided in individual appointments with each parent.

Parenting facilitation may be initiated where there have been allegations (confirmed or otherwise) of violence or threats of violence. While appropriate precautions will be taken to ensure the safety of participants a guaranty that no harm will occur is neither stated nor implied. Special arrangements may be made to allow for increased security, such as changing arrival times if there is a Protective Order in place and a request by either parent.

**Professional practice statements:** For the purposes of reporting violations of licensing rules or regulations the Texas State Board of Examiners of Licensed Professional Counselors can be contacted by mail at Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, and by telephone at 800-942-5540.

I understand and acknowledge that the outcome of this process may or may not favor my position or be something that I am in agreement with. I understand that complaints regarding conclusions and recommendations in this process must be directed to the court, as the licensing board handles only complaints regarding violation of licensing rules and regulations.

I understand that in the event of Dr. Robb's death, incapacity, or termination of practice, custody and control of records maintained by Forensic Counseling Services will be turned over to Bradley Craig, LMSW-IPR or, in the event of Mr. Craig's death, incapacity, or termination of practice, other successors as selected by the program director.

**Termination of services:** The parenting facilitator reserves the right to withdraw should they feel that effective change is no longer occurring. The parents and their respective attorneys will be given notice of the decision to withdraw. Referrals for trained professionals available to assume the role of parenting facilitator may be provided to both parents on request.

### **Financial Obligations**

I understand that although I may be providing payment to the parenting facilitator they are working for the court and the recommendations made by the parenting facilitator may or may not favor my position or be something that I am in agreement with. I understand I am responsible for any and all fees incurred by the parenting facilitator in relation to this case, and any and all work done by the parenting facilitator in relation to this case.

**Fees:** Fees for parenting facilitation are \$225.00 per hour, calculated in 15-minute increments. This includes all services including reviewing documentation, records management, meetings, correspondences, phone contact, email, legal expenses, consultation with other family service

**Initial:** \_\_\_\_\_

Forensic Counseling Services • 2831 Eldorado Parkway, Suite 103-377 • Frisco, TX 75033  
Telephone 972-360-7437 • Fax 940-343-2601

providers, travel time outside of Denton and Collin counties, and any other time spent working on the case.

**Retainer:** A retainer equal to four hours of service (\$900.00) is due in advance from each of the parties. If one party is ordered to pay for all costs of services they will also need to pay both retainers. Payment may be made by check or money order made payable to “Forensic Counseling Services” or “FCS”; no electronic payments are accepted. Services may be charged against the retainer provided that the parties continue to fully replenish the retainer when billed. If a party is late in replenishing the retainer services may be suspended until such time as the retainer is replenished. Should services no longer be needed, refunds will be issued only if there is remaining retainer on account for the case, and then only up to the amount of retainer on account. Should one side fail to provide full payment issues of reimbursement may have to be addressed to the court.

**Other costs:** Each of the parties is responsible for any fees for production of third party records or other information related to services. Costs for copying of records by the parenting facilitator and other administrative costs will be deducted from the retainer. Copies of records produced by Forensic Counseling Services are billed at the same fee as charged by the Denton County District Clerk’s office. Time in administrative tasks, including correspondence to parties, attorneys, or reports to the court, is billed at the parenting facilitator’s standard hourly fee. Additionally cancellations of any appointment with less than 72 weekday (Monday through Friday, excluding holidays) hours notice will result in the canceling party being billed the entire service fee. Returned checks will be charged the maximum fee allowable under law.

**Billing:** With the exception of individual sessions, charges for services will generally be divided equally between the parents unless otherwise specifically ordered by the court. If the order to participate in parenting facilitation stipulates that only one parent is financially responsible and the other parent cancels without 72-hour notice the fee will be deducted from the retainer on file, although the canceling parent is responsible for reimbursing that charge to the other parent.

There may also be times when, similar to individual sessions, the parenting facilitator deems it appropriate to charge only one parent a particular fee, such as when one of the parties is disproportionately utilizing service time. This determination is solely at the parenting facilitator’s discretion.

**Court appearances:** I understand that for any requested court appearance, subpoenaed appearance, deposition, or participation in any type of settlement conference by the parenting facilitator or other Forensic Counseling Services staff there is an additional fee of \$350.00 per hour per staff member, with a minimum charge of three hours for personal appearances, or a minimum charge of one hour for telephonic appearances. Such fees are due at least one week before the scheduled appearance and are nonrefundable within a week of the scheduled appearance as we must clear our schedule whether the hearing occurs or not. Please note: if an

**Initial:** \_\_\_\_\_

Forensic Counseling Services • 2831 Eldorado Parkway, Suite 103-377 • Frisco, TX 75033  
Telephone 972-360-7437 • Fax 940-343-2601

appearance request is received without a minimum of one week notice the appearance fee is due immediately and there will be an additional \$250.00 express charge. I hereby agree that any failure to provide fees as specified constitutes release from the requested appearance.

### **Other Terms of Service**

**Services not provided:** I understand and acknowledge that the parenting facilitator is not providing, nor am I requesting, therapy, counseling, or any form of treatment. Should these or other service needs be indicated during the course of services appropriate recommendations will be made. I understand that the parenting facilitator is not providing mediation or parenting coordination, although the parties may reach agreements regarding this dispute which may then be drafted into enforceable documents by their attorneys. I understand that the parenting facilitator is not an attorney and that if I have any questions regarding legal matters I should consult with an attorney. I understand I am advised to consult with attorneys in order to be properly counseled about my legal interests, rights, and responsibilities.

**Insurance coverage:** I understand that the services provided to me by the parenting facilitator may not be covered by insurance as parenting facilitation is for legal, not treatment purposes. I understand the parenting facilitator will not provide me with a specific diagnosis or billing code, nor complete insurance reimbursement paperwork.

I have been informed and I understand that any communications or statements by me or the children will NOT be privileged or confidential and that:

- The parenting facilitator may be required to testify in open court in the course of litigation. Any information provided to the court may become public record.
- The parenting facilitator may be required to make a report to the court and the attorneys of record. A copy of the written report and the written materials provided to the court are provided to the attorneys of record and clients who represent themselves at the time the report is filed with the court.
- All information provided to the parenting facilitator will become part of the parenting facilitator's records and is available for review by the attorneys of record and clients who represent themselves.
- The parenting facilitator may confer with mental health professionals, doctors of medicine, education and child care personnel, personal references, other governmental entities, attorneys of record, and such other persons as have or need information directly related to the best interest of the children in question.

**Initial:** \_\_\_\_\_

Forensic Counseling Services • 2831 Eldorado Parkway, Suite 103-377 • Frisco, TX 75033  
Telephone 972-360-7437 • Fax 940-343-2601

- The parenting facilitator may be required to disclose situations where clients are a danger to themselves or someone else; abuse, neglect, or exploitation of a child, elderly, or disabled person; or as otherwise required by law.

**Willingness to Act in Good Faith**

I understand that my participation with a parenting facilitator can be instrumental in reducing the conflict between co-parents. I agree to maintain a serious commitment to the program by abiding by the guidelines and requirements of the program as noted herein. Further, I agree to maintain scheduled appointments and will not interfere in the process by refusing to attend sessions or frequently rescheduling appointments.

I understand by signing this I am allowing free and open disclosure between the parenting facilitator and each parent, children, lawyers, teachers, Courts or other parties as deemed necessary by and at the discretion of the parenting facilitator.

I commit that I will attempt to resolve disagreements with the other parent whenever possible. I understand that we may make joint parenting decisions in our children's best interests at any time without the parenting facilitator's assistance. I will provide notice to the parenting facilitator of any agreements reached with the other parent outside of the parenting facilitator process.

**Do not sign this form unless you have read and understood it.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Client: \_\_\_\_\_  
Signature Printed Name

Forensic Counseling Services • 2831 Eldorado Parkway, Suite 103-377 • Frisco, TX 75033  
Telephone 972-360-7437 • Fax 940-343-2601