



**Christian Perspective
COUNSELING**

Parent Coordination Agreement

This agreement details the expectations and boundaries required for parent coordination to be successful and is designed to supplement either the stipulation ordered by the judge or the consent order entered into willingly between coparents. By signing below, you are affirming the importance of and agreeing to abide by each of the following program guidelines.

1. I understand that **parent coordination is not psychotherapy, therefore I am not the client**. There is no therapist/client privilege or insurance reimbursement that will be expected. Also, while parent coordination is a type of dispute resolution intended for high conflict families and uses mediation skills, it is not considered mediation or the practice of law. I understand that the process of parent coordination is non-confidential.
2. I have reviewed and agree to the Parent Coordination Fees.
3. I will make myself available for joint sessions at least every other week unless the Parent Coordinator recommends more frequent appointments. I also understand that as soon as my coparent and I achieve our mutual goals, we will then only need to be seen on an “as needed” basis. At this point, we will not be required to schedule appointments unless we reach an impasse.
4. I understand that I must cancel my attendance to any parent coordination session at least 48 hours in advance and that, if the session is intended to be joint, a session with my coparent may still occur. It is my responsibility to contact my coparent to inform them of the cancellation. I also understand that I will be charged for my portion of any session cancelled within 48 hours (except in cases of true emergency) of its scheduled occurrence.
5. I will work towards the future rather than stay focused on the past or on blaming the other parent.
6. I will make child-focused decisions and sacrifices as this is required in the interest of my child(ren)’s well-being. I will stay solution-focused instead of fighting to “win”.
7. I will be respectful in my interaction with my coparent despite how I may feel towards them.
8. I will do my part each session by coming prepared to address two parenting issues needing to be resolved or discussed.
9. I will not call our Parent Coordinator unless I am having an emergency that is child-focused, and I will not expect a return call or email unless I indicate the exact nature of the emergency on the voice mail or email.

10. I will acknowledge my coparent, no matter how I feel about them, **every time** I see them and even when my child is not present (i.e., when presenting for joint sessions).
11. I will not inhibit my child's ability to contact their other parent either by phone or through visitation. I will ensure that my child returns calls from their other parent the same day whenever a voice message or text has been left for them. I will keep child calls and parent calls separate.
12. I have reviewed and will honor the Divorce Rules throughout the parent coordination process.
13. I will use impulse control and actively protect our child(ren) from parental conflict and all negative comments.
14. I will grow increasingly aware of and eliminate any loyalty binds preventing our child(ren) from feeling free to feel and express love towards both of their parents.
15. I will consult/collaborate with my coparent regarding parenting decisions rather than simply informing them of my unilateral decision.
16. I will not schedule activities or appointments on our child(ren)'s time with the other parent without prior agreement, except in the cases of regular therapy appointments or extra-curricular activities.
17. I will abide by the current custody order and all new agreements made in joint parent coordination sessions. I will comply with recommendations made by our parenting coordinator.
18. I will not call the police unless there is a clear threat of physical harm. I will not contact the Division of Child and Family Services nor request that my attorney take adversarial action unless I consult with the Parent Coordinator first.



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Parent Coordination Agreement Acknowledgement

I have read, understand, and agree to abide by the aforementioned parent coordination expectations and boundaries. I understand that the parent coordinator is not my therapist but instead is guiding me and my coparent in a process that has my child(ren)'s best interest as its sole focus. I also understand that adhering to these expectations and boundaries is necessary for the parent coordination process to be successful and that, by failing to adhere to them, I am undermining the parent coordination process's ability to provide for my child(ren)'s best interest. Furthermore, I understand that parent coordination is not confidential and that reports as to my compliance with recommendations and overall disposition in the process will be reported to the relevant legal authorities (i.e., attorneys, attorney ad litem, the judge, etc.).

Signature of Parent

Date

Signature of Parent Coordinator

Date