

**NON-CONFIDENTIAL PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING  
INFORMATION AND AGREEMENT**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First & Last Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

You have agreed or have been ordered to participate in Child Custody Recommending Counseling (otherwise known as "Private Mediation") according to the relevant California Family Law Codes and rules and procedures of Sacramento County or \_\_\_\_\_ County.

I Chanise Hendrix, has been appointed by the Superior Court of California, County of Sacramento, to conduct this procedure. In the CCRC process I shall attempt to assist you and the other party to make agreements concerning all the issues in question. This is a "non-confidential" mediation because I am required to provide the Court recommendations regarding any issues that were not agreed upon in mediation.

My involvement as the Child Custody Recommending Counselor, including any recommendations which I might make to the Court, are specifically directed toward identifying and responding to the health, safety, welfare and "best interests" of the children, not necessarily the interests of either adult party or other family members. Please be advised that any information I receive from you or any other persons involved in this matter will not be held in confidence between any of you; and any or all of the information provided to me may appear in the CCRC report.

This CCRC process involves several meetings with the parties and any additional procedures or inquiries that I deem necessary. Such procedures or investigation may include reviewing pertinent records, interviewing the children, contacting other professionals or third parties by telephone, and producing a written report.

All mediation procedures, as well as all involvement by the CCRC and parties, shall conform to relevant court rules and standards of practice.

If either party has been a victim of domestic violence by the other party, he/she has the right to meet separately during this process, with or without a support person.

The parties are encouraged to submit to me any pertinent records or information, with the understanding that all information submitted must be copied and provided to the other party or the other party's attorney. Please bring the necessary number of copies; or preferably, have your attorney submit written documents by US Mail with a Proof of Service to the other attorney or party, if self-represented.

A report will be written and provided to the Court and to each party's legal representative. The report will include documentation of the CCRC process, agreements that were made by the parents and recommendations that were made by the mediator. The mediator is not a judicial officer; therefore the report is not legally binding. The parties may choose to adopt all or part of the report or may choose to seek an order from the Court concerning the report.

## **NON-CONFIDENTIAL PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING INFORMATION AND AGREEMENT (Cont'd)**

The parties understand and agree that discussing any of the issues involved in mediation with the children may be harmful and therefore, **agree not to discuss any aspects of the CCRC process or the issues involved with the children, except as directed by the CCRC.** Your initials indicate your agreement: \_\_\_\_\_(Initial)

The parties may take personal written notes for yourself during the CCRC process. The parties further understand that they are prohibited from audiotaping any of the CCRC sessions and therefore agree not to do so. Your initials indicate your agreement: \_\_\_\_\_ (Initial)

### **FEES: Please read the next paragraph carefully; and initial each paragraph.**

All work is charged at a rate of \$160 per hour. **Each meeting will be paid for at the time of the session. Sessions are between 1 -2 hours in duration (\$160/hour or \$320 per session).** \_\_\_\_\_ (Initial). \*For debit/credit card payments, a 3.5% surcharge is added. Zelle payments are accepted.

A retainer in the amount of \$1500 is paid by check, cash, or credit card. **The retainer is paid in advance of the first session and does not pay for the meetings that are required as part of the CCRC.** The retainer is used to pay for work done outside of your presence, such as telephone calls, document review, and report writing. \_\_\_\_\_ (Initial)

**You are required to maintain a \$750 balance** as a retainer and if some expenses are charged against the retainer, you must replenish it within the month. \_\_\_\_\_ (Initial)

A billing statement, outlining activity on your account, will be made available to you during the process. Any retainer balance that is unused will be refunded within 90 days of the final report being submitted to the Court.

**The parties are responsible for the payment of all fees according to the percentages agreed upon or ordered by the court.** If you are required to equally share the costs of mediation, **ALL** expenses will be divided equally without exception. There will be a delay in scheduling further appointments unless fees for services are paid in a timely manner. \_\_\_\_\_ (Initial)

If your check is returned from the bank you will be charged an additional \$25 and restitution of the returned check will be expected immediately. All further appointments will be cancelled until your account is current.

Please note: Every CCRC is unique to the parties and their particular circumstances. The number of total hours to complete a CCRC may change relative to the number of children involved, the number of collateral persons who are interviewed at the request of the parties or the mediator, amount of documents reviewed, and the number of sessions the mediator has with the parties. I am unable to accurately estimate the total cost of CCRC prior to understanding the issues involved.

### **Deposition and Court Testimony Fees:**

Scheduled deposition and Court testimony is billable at a daily rate if scheduled in the morning, and a half rate if scheduled in the afternoon. Daily is eight (8) hours or any portion thereof. Half daily is four (4) hours of any portion thereof. Preparation time and travel time shall be charged at the same hourly rate above and beyond the daily or half daily rate. Each case varies as to the preparation time and travel time, so the cost will be confirmed after the subpoena is served.

**NON-CONFIDENTIAL PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING  
INFORMATION AND AGREEMENT (Cont'd)**

Fees shall be paid in a minimum of fourteen (14) days in advance of the scheduled deposition or Court testimony, preparation and travel times. Refunds are issued only if cancellation is received three business days in advance of the scheduled deposition or court date. \_\_\_\_\_(Initial)

**FEE DISPUTES:** Although it is my intention to amicably resolve any issues you may have about fees, there is a possibility that will not occur. In order to obtain a mutually satisfactory outcome in the event of a dispute, the parties agree to participate in arbitration. \_\_\_\_\_(Initial)

**PAST DUE BALANCES:** Account balances in excess of the remaining retainer, which are not paid in full within 30 days of the invoice date are considered past due. Past due accounts taken to court or submitted for collection will include all collection costs, including reasonable legal or court fees in addition to the outstanding balance. Seriously delinquent accounts may be listed with national credit reporting agencies. \_\_\_\_\_(Initial)

**CANCELLATIONS:** Cancellations of scheduled appointments must be made within 48 hours' notice. Cancellations with insufficient notice or missed appointments will incur the usual fee for the total number of hours reserved for your appointment.

**INDEMNIFICATION AND HOLD HARMLESS:** The Clients, individually and on behalf of the minor children, agree to indemnify, protect and hold PCCRC harmless from any loss, costs or expenses, including but not limited to reasonable attorney fees incurred by PCCRC, in connection with any claims, actions, administrative proceedings (formal or informal), and any other actions brought by the Clients against PCCRC and determined by the trier of fact to be unfounded.

**AGREEMENT:** By signing this contract, I agree to participate in child custody recommending counseling (otherwise known as Private Mediation) as described above, with Chanise Hendrix, LMFT, an independent child custody recommending counselor (CCRC). I also agree for my child/ren to participate, as deemed necessary.

By signing this contract, I am acknowledging I have read the contract and agree to accept the terms of this contract. I also acknowledge that I have had an opportunity to have my questions answered by Chanise Hendrix and have received a copy of this contract for my records.

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**Client Name** **Client Signature** **Date**

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**Chanise Hendrix, LMFT** **Signature** **Date**

# INTAKE FORM

## Private Child Custody Recommending Counseling & Child Custody Evaluation Intake Form

If the space provided is not sufficient for you to answer a question fully, write in the most important part of your answer and mark that question with a start (\*). Do not attach extra sheets or write in the margins.

### PARENT INFORMATION

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Gender  Male  Female  Non Binary

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

How far do you live from the other parent? \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Hours: \_\_\_\_\_

Others Living in your Home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Relationship Info with Other Parent:

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_

### OTHER PARENT'S INFORMATION

Parent/Guardian Name

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

Gender  Male  Female  Non Binary

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### CHILDREN INFORMATION

Name	DOB	Grade/School/Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LEGAL INFORMATION**

Case Number: \_\_\_\_\_ Court Date \_\_\_\_\_

Mother's Attorney \_\_\_\_\_ Email \_\_\_\_\_

Father's Attorney \_\_\_\_\_ Email \_\_\_\_\_

Previous Mediations/CCRCs:  Male  Female If yes, please provide copies of report.

Is there an existing Court Order for child custody? If so, please describe it.

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How is your current parenting plan different from the Court Order, if at all? Describe.

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**SOLE LEGAL CUSTODY** means that one parent has the right and responsibility to make the major decisions relating to health, education and welfare of the child. **JOINT LEGAL CUSTODY** means both parents share the right and responsibility to make these major decisions.

Do you favor \_\_\_\_\_ SOLE LEGAL CUSTODY, or \_\_\_\_\_ JOINT LEGAL CUSTODY? Please explain why.

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**SOLE PHYSICAL CUSTODY** means that a child lives with and is under the supervision of one parent, subject to the power of the Court to order visitation. **JOINT PHYSICAL CUSTODY** means each of the parents has significant periods of physical custody and that they share custody in a way that assures the child of frequent and continuous contact with both parents.

Do you favor \_\_\_\_\_ SOLE PHYSICAL CUSTODY, or \_\_\_\_\_ JOINT PHYSICAL CUSTODY? Please explain why.

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**CCRC RELATED INFORMATION**

Summarize what you believe are the most important GOALS for this CCRC or Evaluation:

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Summarize what you believe are the most important CONCERNS for this CCRC or Evaluation:

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Briefly describe the current issues or dispute:

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Summarize how you think the other parent will describe the current situation, including concerns about yourself.

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**PARENTING INFORMATION**

How did you tell the child(ren) about the separation? What was thier response?

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Describe your child(red); include details regarding thier personalities, interests, activities, functioning in school and with peers, and any problems or concerns you are aware of.

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Describe your relationship with your child(ren). Include caretaking, activities, and discipline.

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Describe your childcare arrangements.

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**PARENTING INFORMATION**

Describe the other parent's relationship with your child(ren). Include caretaking, activities and discipline.

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Describe how you and the other parent typically divided and accomplished the parenting tasks and responsibilities. How was this division made? How did this pattern develop and evolve over time?

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What are the strengths and assets in the way you parent the children?

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What are the strengths and assets in the way the other parent parents the children?

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**PERSONAL DATA**

Have you or the other parent, ever been arrested, and/or locked up? If so, please furnish dates and details.

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Have you, or the other parent, ever been hospitalized for psychiatric or substance abuse problems? If so, please furnish dates and names of hospitals and doctors.

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Please list the names and contact information of any mental health professionals anyone (parent, child or live in partner) has seen for counseling, etc.

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Family Member Seen</b>
<hr/>	<hr/>	<hr/>	<hr/>
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**Are you willing to sign a release for me to consult?**  Yes  No  N/A

Does your child(ren) have any physical problems requiring medical care? If so, please furnish the following information:

<b>Doctor</b>	<b>Address/Phone</b>	<b>Child</b>	<b>Nature of Problem</b>
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**Are you willing to sign a release for me to consult with thier doctor?**

Yes  No  N/A

**ADDITIONAL INFORMATION**

Please list name, address, telephone, and relationship of professionals, or other people, you think can contribute important information to this process.

Name	Address/Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your PROPOSAL for a parenting plan, visitation or residence schedule. This will not include the holiday schedule. Please indicate why you think this would be in the best interest of the child(ren).

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Please include any additional information you would like to have considered in mediation that you have not already mentioned. Also, please attach your children’s SCHOOL SCHEDULE showing holidays and vacations.

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**Thank you for providing the requested information. Please understand that in keeping with the protocols of child custody recommending counseling or child custody evaluations, the answers you have provided will not be kept confidential.**

**Your signature below indicates your understanding that this information may be used in the course of your assessment.**

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

**Authorization to Exchange Information**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

To: \_\_\_\_\_

Re: \_\_\_\_\_

I, \_\_\_\_\_ hereby consent to the exchange of information between Chanise Hendrix, LMFT and \_\_\_\_\_. I understand that this exchange of information is for the purpose of treatment and consists of all relevant information.

This release expires on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Client: \_\_\_\_\_

Parent: \_\_\_\_\_

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Name	Signature	Date
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**\*You have a right to a copy of this release and may revoke it at any time except for the portion that has already been executed.**

