

# WHAT'S BEST FOR KIDS

## PARENTING FACILITATION ADVISEMENT FORM

Cause Number \_\_\_\_\_ Parent \_\_\_\_\_

Children's Names \_\_\_\_\_

I, the undersigned parent, understand that I have agreed to, or the court has ordered my participation in the parenting facilitation process pertaining to the above-named children in the above-numbered cause. I further understand that the appointed parenting facilitator, Miles I. Morrison, LCSW, CMFSW, SAP, is serving as an extension of the court. I also understand that Mr. Morrison, as parenting facilitator, has full discretion regarding program-implementation as outlined herein.

My initials \_\_\_\_\_

### FOCUS OF SERVICES:

Parenting facilitation services (PF/PC) focus on reducing parental conflict to enhance the emotional functioning of your children. The PF/PC is a neutral person to whom you, as the parent, can turn to when in dispute on matters relating to the children. The PF/PC will examine a case and follow the orders of the court to assist parents in compliance with the orders. The PF/PC may also assist parents to improve their co-parenting relationship.

Parenting facilitation is an attempt to coordinate and implement a plan that addresses current and future issues relating to raising children between two homes. The PF/PC role is to help parents reach optimal outcomes of disagreements regarding parenting issues. When authorized by the court of record, the PF/PC may also make suggestions for the parents when they do not agree on solutions. Parenting facilitation DOES NOT INVOLVE ADULT'S PROPERTY, FINANCES, or other issues that do not directly involve co-parenting.

My initials \_\_\_\_\_

### BASIC SERVICE ARRANGEMENTS:

Initiating services: After your case has been accepted for PF/PC services, parents and/or attorneys must provide any and all pertinent court orders and reports, including additional intake information, affidavits, records regarding either parent and the children, correspondence, prior assessments, etc. These materials shall be reviewed prior to meetings being scheduled.

Parenting Facilitation advisement form, page two.

Meetings: The PF/PC may have joint sessions with the parents, individual sessions with either or both parents, sessions with other relevant family members, meetings with the children, and consultation with other service providers. The PF/PC may interview the children privately so as to understand their needs as to the issues in this specific case. The children will not be encouraged to choose between the parents.

During the meetings, the PF/PC may offer education about co-parenting, communication and child-development. Also, he may refer the individuals to other professionals for additional services as may be deemed necessary.

My initials \_\_\_\_\_

#### CONTACTING THE PARENTING FACILITATOR:

All communication should occur by email or other form of “hard-copy.” That way, all parties have a permanent record of what is being discussed, since the PF process is not confidential. The parents should direct any disagreements to the PF/PC before seeking court interventions, unless a child’s safety is at risk. Any complaints regarding the PF/PC or the process should be addressed with the parenting facilitator in hard copy.

My initials \_\_\_\_\_

PLEASE NOTE: Parenting facilitation is not an emergency service. If emergencies do arise, the parents are to contact 911 or other crisis intervention services. Parenting facilitation is initiated at times when allegations of violence or abuse have been made. The parenting facilitator does not imply that no harm may occur, but special arrangements will be made to ensure the safety of those attending the office of the PF/PC, if a protective order is in place or at the request of a parent.

My initials \_\_\_\_\_

Further statements of clarification: Violations of licensing rules or regulations may be reported by contacting the Texas State Board of Social Worker Examiners, Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369 or by telephone to 1-800-942-5540. I understand that outcomes of the PF/PC process may not favor me, nor might I be in agreement at times. Complaints regarding these conclusions and recommendations must be presented to the court, as the licensing board only handles alleged violations of licensing rules and regulations.

Parenting Facilitation advisement form, page three.

In the event of Mr. Morrison's death or incapacitation, or termination of his practice, custody and control of records in his possession shall be turned over to Heritage Behavioral Center of Plano, Texas, 2222 West Spring Creek Parkway, suite 116, Plano, Texas 75023. The phone number is 972-964-3214. Fax number is 972-964-3044. The email address is [heritagecenter@earthlink.net](mailto:heritagecenter@earthlink.net).

My initials \_\_\_\_\_

Termination of services: Mr. Morrison reserves the right to withdraw should he feel that no effective change will occur. All respective parties would be given notice of Mr. Morrison's withdrawal, along with a list of prospective replacements to fill the parenting facilitator's role.

My initials \_\_\_\_\_

Financial obligations: Although the parents are providing payments to the PF/PC, it is understood he is working for the court, and his recommendations may or may not favor one or the other parent.

I also understand that the PF/PC is not providing, nor am I requesting therapy, counseling or any form of treatment. Appropriate referrals will be made by the PF/PC if and when he believes the need exists. I further understand that Mr. Morrison is not providing mediation or parenting coordination services. I understand that he is not an attorney, and that if I have questions regarding legal matters, I should consult with my attorney. I understand that I am advised to consult with an attorney in order to be properly counseled regarding my legal interests, rights and responsibilities,

My initials \_\_\_\_\_

PLEASE NOTE: Parenting facilitation services are not covered by insurance or employee assistance plans since PF/PC is for legal, not treatment purposes.

PLEASE NOTE: It is understood that any communication or statements made by either parent or the children will NOT BE PRIVILEGED OR CONFIDENTIAL, and that:

The PF/PC may be required to testify in open court in this matter. Any information provided to the court may become public record.

The PF/PC is required to report to the court and the attorneys of record. A copy of the report and written materials provided to the court are also provided to the attorneys of record and pro se clients at the time they are filed with the court.

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All information provided to the PF/PC will become a part of his records and is available for review by the attorneys and pro se clients.

The PF/PC, at his discretion, may confer with mental health professionals, doctors of medicine, education and child care personnel, personal references, government entities, attorneys of record, and others who have or may need information directly related to the best interest of the children in this case.

The PF/PC may be required to disclose situations where clients are a danger to themselves or others; abuse, neglect, child-exploitation, elderly-exploitation, exploitation of the disabled, or as otherwise required by law.

My initials \_\_\_\_\_

Willingness to act in good faith: I understand that my participation with the PF/PC process can be valuable in reducing parental conflict. I AGREE TO MAINTAIN SERIOUS COMMITMENT TO THIS PROGRAM BY ABIDING BY THE GUIDELINES AND REQUIREMENTS OF THIS PROGRAM. I agree to maintain scheduled appointments and will not interfere in the process by refusing to attend sessions, or by frequently rescheduling them.

My initials \_\_\_\_\_

I understand that by signing this advisement form I am allowing free and open disclosure between the PF/PC and each parent, child, attorneys, teachers, courts and other parties as deemed necessary by and at the discretion of the PF/PC. 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. However, I will provide notice to him of any and all agreements reached with the other parent.

**I CERTIFY THAT I HAVE READ AND COMPREHEND ALL SECTIONS OF THIS AGREEMENT.**

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

Client signature \_\_\_\_\_

Printed name \_\_\_\_\_

