



A strength-guided, goal-oriented approach to the positive growth and development of people and services.

(Please note, referrals are NOT accepted for this service from persons who are self represented. Parents should not phone directly to refer. The referral for service MUST come from a lawyer.)

Closed Custody/Access Single Session Impartial Consultation Referral, information and Declaration Form

Separating parents are often fearful of losing a meaningful relationship with their children. They need a way to resolve the care of their children between them. They need to develop a parenting plan.

A *Parenting Plan* is a written agreement between separating or separated parents setting out the rules and structures for the ongoing care of their children. Parenting plans are constructed with sensitivity to the developmental, social and cultural needs of the children and the ability of the parents to meet those needs given respective parental strengths, weaknesses and willingness.

Challenges to developing a parenting plan can be due to differences of opinion about desirable outcomes. This can be exacerbated by unresolved issues with respect to the separation; different parenting styles and/or competencies; mental health concerns; drug/alcohol abuse; structural issues related to competing schedules and/or residential challenges; and sometimes just personal preferences.

Typical approaches to developing a parenting plan include: simply discussing matters between parents themselves; meeting with a counselor; mediation; lawyer assisted negotiation; collaborative law; arbitration; and court.

The closed custody/access single session impartial consultation (ccassic) is a more innovative and timely process and draws on aspects of mediation, assessment and counselling. The service is intended to be conducted in a single day.

This process offers parents an opportunity to have their respective needs, wants and issues heard as well as those of their children by a trained mental health professional with expertise in helping parents construct parenting plans. The mental health professional can also advise on the needs of the children with regard to their changing family.

The goal is to facilitate family restructuring in a way best suited to the children by developing a reasonable parenting plan.

Process:

1. Receive existing Orders, agreements, pleadings, this document and retainer;
2. Conduct telephone screening with the clients to prepare for face-to-face meeting;
3. Morning meeting with both parents;
4. Early afternoon meeting with children as appropriate;
5. Later afternoon meeting with parents and lawyers for feedback, guidance and planning.
6. Draw up agreements achieved.

Like in closed mediation, information obtained in the course of this consultation will remain confidential and cannot be used in any other settlement process or Court process. Information will be shared only upon written consent except where there is risk of harm to self or another person, or as required by law as it pertains to child protection matters. There is no recoding or posting of content or comments in any form or media by clients or their proxy although Gary Direnfeld may record any/all conversations at his discretion solely for accountability purposes in the event an issue with service arises. The service record is the property of Gary Direnfeld. Information obtained about persons served shall be used for service purposes, payment collection and/or, satisfaction surveys. Non-identifying information may be used for statistical, research or teaching purposes.

Neither Gary Direnfeld nor his notes can be called or subpoenaed for court purposes. This is a closed process.

Cost:

1. \$2,500.00 plus HST if within 30 minutes commute or 40 KM.
\$2,700.00 plus HST if within 30 to 90 minutes commute or up to 100km.
Please call to discuss costs if extended commute.
2. \$200.00/hr plus HST for any time thereafter.

The fee includes: Referral discussion with lawyers; receiving/reviewing available materials; brief telephone screening of clients; scheduling; one standard business day meeting regardless of time used; drafting any agreement achieved.

Third Party Payments (EAP and other Benefit Providers):

Plensed be advised that I do not accept payment by third party payers (benefit or EAP providers) whatsoever. People are directly responsible for payment of services as per the information above at the time of service. A receipt will be provided with which persons can seek reimbursement from their EAP or benefit provider. I take no responsibility for your reimbursement. Reimbursement remains a matter between you and your benefit or EAP provider.

If you do seek reimbursement through your benefit or EAP provider and I am called to verify the charge, I will do so with your implied consent. My disclosure will be limited to advising of my credentials as well as verifying the billing information, service provided and persons served. Please note, assessment is a clinical-legal service and may not be covered. No information regarding the nature or content of information discussed will be provided without signed consent, for which you will be charged as per the time required.

To refer:

1. Lawyer and client read and complete this document together.
2. Parties and lawyers make arrangements for payment of retainer.
3. Lawyers submit retainer and materials (pleadings) to the service provider.
4. Service provider thereafter will contact the parties to commence service.
5. In the event of questions arising, the lawyer(s) should call for clarification.

**Closed Custody/Access Single Session Impartial Consultation
Referral, Information Form and Declaration**

Lawyer Information	Lawyer for Mother	Lawyer for Father
Name		
Address		
City		
Province		
Postal Code		
Telephone		
Fax		
Email		

Parent Information	Mother	Father
Name		
Address		
City		
Province		
Postal Code		
Telephone		
Email		

Child's Name	Date of Birth	Current Age

Please circle yes or no

Do you have a Parenting Plan?	Yes	No
Is there a Separation Agreement?	Yes	No
Is there a Court Order in effect?	Yes	No
Has an assessment been conducted?	Yes	No
Have criminal charges been laid against either parent?	Yes	No
Has either parent been convicted of a criminal offence?	Yes	No

Please append a copy existing agreements, Court Orders, assessments, bail notices or conviction notices to this form.

Reason for Referral:

Current residential schedule:

Key: Use "M" for Mother and "F" for Father

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Night							

Description:

Location of pick-ups: _____

Location of drop-offs: _____

Transportation arrangements for the children between the parents are as follows:

Description of current custody agreement:

Description of current holiday agreements:

Description of current school arrangements:

Description of any restraining orders, bail or parole conditions currently in effect:

Brief description of current issues/concerns:

Cost: (The distribution of the cost between the parents is to be determined prior to referral.)

Fee (includes referral, file review, telephone screening interviews, day meeting (9:00 – 5:00) and report detailing agreements achieved)	
HST	
Total:	

Declaration and Certificate of Independent Legal Advice: I have read and reviewed the description regarding Closed Custody/Access Single Session Impartial Consultation with my lawyer. I understand the nature of this service and enter into this service willingly, not having been coerced by anyone. I understand that entering this service does not guarantee that a parenting plan will be achieved and I understand that I must hold Gary Direnfeld, MSW, RSW harmless from any matter arising from this service. I understand this is a closed process and information apart from any agreement achieved cannot be used in a court process and nor can Gary Direnfeld or his notes be subpoenaed for court purposes between the parties.

Signature of Parent making Declaration

Signature of Lawyer witnessing Declaration
as Certificate of ILA

Date of Completion