

**WILLIAM B. ZUCKERMAN, Ph.D.**  
Licensed Clinical Psychologist  
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**AGREEMENT FOR PARENTING COORDINATION (PC) SERVICES**

<u>Names of Parties</u>	<u>(DOB)</u>	<u>Name of Attorney</u>	<u>Attorney Phone Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**General Description of Services:**

As a Parenting Coordinator (PC) my role involves helping parents in conflict find ways of settling their problems, small and large, without resorting to court intervention. As a PC I will always endeavor to take a transparent and neutral role and will, depending on the agreement reached by all parties or by order of the court, help couples mediate areas of difference over a wide range of parenting issues, including communication, the maintenance of boundaries, the creation of workable schedules, transition issues, etc. I try to always remain child welfare oriented, seeking to help move the parties toward decisions that will benefit their child or children. In all cases, this role involves elements of parent education, and, when such is agreed upon, authority can be vested in me to make decisions in a timely way. Such decisions would not include such things as primary custody arrangements or major financial settlements, and all decisions would be subject to judicial review. It is often necessary to maintain contact with other relevant parties such as therapists of the parties or the children, and at times it is helpful to have direct contact with the children or other relevant parties (i.e., teachers, doctors, etc).

This work is not considered to be therapy or counseling. As a result, no diagnosis will be offered, and reimbursement from third party payers (i.e., insurance companies) should not be expected. By signing this form, you will be agreeing not to submit claims for reimbursement for this work to any insurance company or managed care company.

This form describes policies which both you and I agree to follow as we work together. If you have any questions at all, please bring them up so that they can be discussed and clarified.

**Limits of Authority:** (Check one)

\_\_\_\_\_ In this case my role will be mediative, but it will also involve the consented authority to make decisions on child welfare and other issues that are not major in nature. That is, it will not be my role to change in any substantial way the current custody arrangement. In making recommendations I will seek to abide by relevant court orders. Recommendations made will be followed, though all are judicially reviewable and can be overruled by a judge.

\_\_\_\_\_ In this case my role will be primarily mediative and educational. That is, it will not be my role to arbitrate problems or to make decisions.

\_\_\_\_\_ Other arrangements

\_\_\_\_\_  
\_\_\_\_\_

**Fees:**

My fee will be \$340/hr for time spent in working directly with you and your family (if appropriate) and for time spent analyzing material, preparing recommendations, examining collateral documents, communicating with collateral parties, and consulting with your attorneys. While I will not charge for short routine telephone communications, I will reserve the right to charge for longer more substantial telephone consultations and for time spent reading or sending emails. In the event that expert court testimony is required my fee will also be \$340/hr, generally including a minimum of 4 hours of court time, due to the lack of predictability of court schedule. I will also charge for travel time and preparation time.

**Payments:**

An agreement about how payment responsibility is to be shared should be developed between the parties or through court order.

Please fill in that which applies:

**Names of the primary parties**

**Payment percentage specified by order or agreement**

1. \_\_\_\_\_

2. \_\_\_\_\_

Other payment arrangements \_\_\_\_\_

**Advance Payment Requirement:**

Requirements regarding the frequency and regularity of meeting or contacts can differ with different families. I will expect payments by the end of each session, but to keep pace with other charges, such as those for collateral contacts, report writing, email communication, phone consultation, etc., I will also expect to maintain an advanced payment fund per individual of \$500. If the amount set aside with me falls below \$500, I will expect it to be replenished.

This money will be returned at the conclusion of our work or by other agreement.

**Confidentiality:** (check or fill in that which applies)

\_\_\_\_\_ In most cases, confidentiality will be maintained within the system. That is, while outside parties will not be privy to what occurs in our contacts without your express permission, all information gathered, at my discretion, may be shared with the attorneys in the case and, ultimately, if requested, by the court that holds jurisdiction over your case.

\_\_\_\_\_ Alternative confidentiality agreements

\_\_\_\_\_ waiver of confidentiality to attorneys

\_\_\_\_\_ waiver of confidentiality to the court

\_\_\_\_\_ Other confidentiality agreement

\_\_\_\_\_

\_\_\_\_\_

**Cancellations:**

When you schedule an appointment, that time is reserved for you. If you cannot attend the session, please notify me as soon as possible. You will be liable for charges for missed sessions unless at least 24 hours notice is given. Certainly, if I have to cancel, there will be no charge.

\_\_\_\_\_  
**William B. Zuckerman, Ph. D.**  
**Licensed Clinical Psychologist**

\_\_\_\_\_  
**Client**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Client**

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