

## Co-Parenting Consultation Consent form: Linda Esposito, LCSW

Thank you for your interest in working together to help you manage the stress of a high-conflict divorce and coparenting.

*Please review the information below, and sign where indicated.*

### **The purpose of Coparenting Consultation is to develop a plan to help you:**

- manage your emotional reactions to reduce conflict with your ex
- learn effective communication skills to avoid repetition of past arguments
- support your child(ren) with the logistical and emotional challenges of two homes
- implement parenting techniques to manage manipulation and parental alienation
- design a self-regulation plan that enables you to experience less stress
- complete homework assignment in-between sessions to increase accountability
- develop an action-oriented plan to support present and future emotional well-being

### **I understand the limits of Coparenting Consultation:**

- Coparenting Consultation *is not* psychotherapy
- Coparenting Consultation *does not* offer legal advice *or* child custody mediation
- Coparenting Consultation *is not* designed to deal with psychological crises, or life threatening situations
- Coparenting Consultation *is not* a service to make or report allegations of child abuse or threats of personal, or others' safety

By signing this form below, I agree that Linda Esposito, LCSW is providing a consultation service only, which does not include psychotherapy, or a legal service. I am not suffering from major depression, or another mental illness. I am not suicidal or harboring thoughts of harming myself or someone else. If I do experience moderate or extreme psychological distress, I understand that I should immediately contact 911 or go to the nearest emergency hospital. Linda Esposito, LCSW is not legally responsible, or liable for ensuring my personal safety or the safety of my child(ren). ***Do not submit forms until appointment time has been confirmed and online payment has been posted.***

***By signing below I agree to the terms and conditions listed above.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please send signed forms via email to: [southpasadenatherapist@gmail.com](mailto:southpasadenatherapist@gmail.com)**

Thank you.

## Co-Parenting Consultation General Information: Linda Esposito, LCSW

Please fill out form and send via email: [southpasadenatherapist@gmail.com](mailto:southpasadenatherapist@gmail.com), prior to our scheduled consultation. This information will allow me to have a better idea of your unique situation so we can maximize our consultation hour.

**Your name:**

**Phone number:**

**Skype username:**

**Date of divorce or separation:**

**email address** (where I can send a summary of our consultation):

**Name of child(ren) (or pseudonym, if preferred):**

**Age:**

**Grade:**

- 1.
- 2.
- 3.

**Currently custody schedule:** (i.e., alternating weekends and one evening visit a week)

**Custody timeshare, and physical and legal custody:** (i.e., 50/50 joint physical and legal)

**List positive aspects of your relationship with your child(ren), or what is going well:**

**List challenges that you and your kid(s) face now:**

**What are your primary goals for Co-parenting Consultation:**

- 1.
- 2.
- 3.

**What resources would help you and your kid(s) thrive emotionally now, and in the future?**