

GARIN DOUGLAS VICK, PSY.D.

CLINICAL & FORENSIC PSYCHOLOGY

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Welcome

We have included a packet of important information to be completed prior to your first parenting coordination (PC) session with Dr. Vick. Please call our office at (813) 689-2525 if you have any questions or concerns.

Please deliver the completed packet to our office prior to the first session. However, if you are unable to deliver the completed packet before the first session, we ask you to arrive to the session **30-minutes** early with your paperwork to allow Dr. Vick time to review your documents and completed questionnaires.

*Prior to the start of Parenting Coordination we will need the **Order of Referral from the Court**. Dr. Vick is required to respond to the Court and, if applicable, your attorney upon receipt of this document. PC cannot begin until this process is completed.

PLEASE NOTE: Failure to complete all the enclosed paperwork will result in the need to reschedule your appointment and a charge of \$400.00 for the (2 hour) scheduled session time that would have to be cancelled.

Thank you,

Dr. Vick

3314 Bay To Bay Blvd., Tampa, FL 33629 / 1452 Oakfield Drive, Brandon, FL 33511
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**PARENTING COORDINATION
INFORMATION FORM**

DATE: _____ REFERRED BY: _____

It is important that you complete the following questionnaire as fully and accurately as possible. This form is intended to alert the PARENTING COORDINATOR to issues that deserve special attention. This questionnaire is confidential between you and the parenting coordinator.

NAME: _____ RELATIONSHIP TO CHILD(REN): _____

HOME ADDRESS: _____
POSTAL CODE _____

TELEPHONE: (H) _____ (W) _____ (C) _____

COURTESY CALL POLICY: We would like to know if you want to be on our courtesy call / message list. Please place your name, and number to call below. The only information disclosed will be the clinician's name, and the date and time of the appointment. Please fill out the following below:

Please check whether you'd like to receive a courtesy call/message prior to your appointment:

Yes No Number: (____) _____

Be aware that by signing this form you are releasing us from any liability associated with leaving information regarding your appointment and sending invoices to the below email.

EMAIL: _____

NAME (print): _____

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SIGNATURE: _____ DATE: _____

OCCUPATION: _____ FULL TIME _____ PART TIME _____ HOURS _____

NUMBER OF YEARS AT PRESENT PLACE OF EMPLOYMENT: _____

AGE & DATE OF BIRTH: _____ PLACE OF BIRTH: _____

RELIGION: _____ OBSERVANT: _____

EDUCATION: _____

ATTORNEY: _____

ATTORNEY'S FULL ADDRESS (POSTAL CODE) AND TELEPHONE:

WHAT DO YOU LIKE TO DO IN YOUR FREE TIME: _____

PRESENT MARITAL STATUS:

MARRIED COMMON LAW SEPARATED DIVORCED WIDOWED SINGLE

NAME ALL PERSONS WITH WHOM YOU RESIDE (INCLUDING CHILDREN,
PARTNERS, ROOMERS, RELATIVES, CAREGIVERS, ETC.)

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(THE REMAINING QUESTIONS PERTAIN TO THE OTHER PARENT OF THE CHILD(REN:))

ARE YOU AND THE OTHER PARENT PHYSICALLY SEPARATED? _____

DATE MARRIAGE/RELATIONSHIP: _____ CITY OF MARRIAGE: _____

DATE OF FINAL SEPARATION: _____

DATES OF PREVIOUS SEPARATIONS/RECONCILIATIONS (BE SPECIFIC):

HAS THE DIVORCE PETITION BEEN FILED? YES NO (IF YES, BY WHOM)

HAVE YOU BEEN MARRIED/COMMON-LAW BEFORE? YES NO

IF YES, DATES OF PREVIOUS MARRIAGE(S) AND DIVORCE(S): _____

CHILDREN: (Indicate from which marriage. Put * by child(ren) relevant to this process.)

NAME	AGE	SEX	BIRTH DATE	RESIDING WITH	GRADE	SCHOOL

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CURRENT LEGAL CUSTODY (pertaining to major decisions) BY SEPARATION AGREEMENT OR COURT ORDER (Please supply copy of Parenting Plan and/or Order)

CURRENT PARENTING TIME SCHEDULE: _____

CURRENT CHILD SUPPORT ARRANGEMENTS _____

RECENT MAJOR LIFE EVENTS -- POSITIVE AND NEGATIVE? (EG., LOSSES, ACCIDENTS, CHANGE OF EMPLOYMENT, BIRTH OF CHILD, MARRIAGE, ETC.(PLEASE LIST AND THESE WILL BE DISCUSSED ON AN INDIVIDUAL BASIS.)

WHAT ARE THE CURRENT ISSUES AND IMPLEMENTATION PROBLEMS?

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WHAT DO YOU AND THE OTHER PARENT DO BEST AS PARENTS?

WHAT ARE YOUR SIGNIFICANT CONCERNS ABOUT PARENTING?

WHAT ARE YOUR HOPES/GOALS FOR PARENTING IN THE FUTURE?

WHAT ARE YOUR SIGNIFICANT CONCERNS ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT?

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WHAT ARE YOUR SIGNIFICANT HOPES/GOALS FOR YOUR RELATIONSHIP WITH THE OTHER PARENT?

ARE YOU ABLE TO DISCUSS FAMILY ISSUES OPENLY WITH EACH OTHER? YES NO

COMMENTS REGARDING WHETHER OR NOT YOU AND THE OTHER PARENT ARE ABLE TO MAKE DECISIONS COOPERATIVELY ABOUT THE CHILDREN:

DURING THE RELATIONSHIP WITH THE OTHER PARENT, IMPORTANT DECISIONS WERE MADE ABOUT:

BY OTHER PARENT BY ME JOINTLY

- A) Household Finances
- B) Purchases of Family Property
- C) Children’s Education
- D) Children Health Care
- E) Children’s Religious Training
- F) Children’s Extra Curricular Activities

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HAVE THERE BEEN ANY INCIDENTS OF VERBAL AND/OR EMOTIONAL ABUSE?

YES NO

IN THE PAST SIX MONTHS?

YES NO

OR AT ANY TIME IN THE RELATIONSHIP?

YES NO

HAVE THERE BEEN ANY INCIDENTS OF SPOUSAL VIOLENCE? YES NO

IN THE PAST SIX MONTHS?

YES NO

OR AT ANY TIME IN THE RELATIONSHIP?

YES NO

GIVE SPECIFICS ON THE ABOVE:

HAVE THE CHILDREN WITNESSED ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE? GIVE SPECIFICS ON THE ABOVE

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HAVE THERE BEEN ANY INCIDENTS OF PHYSICAL, VERBAL OR EMOTIONAL ABUSE AGAINST THE CHILD(REN)? IF YES, GIVE SPECIFICS.

ARE YOU FEARFUL OF THE OTHER PARENT FOR ANY REASON?

HAS THE OTHER PARENT EVER THREATENED TO HURT YOU IN ANY WAY?

HAS THE OTHER PARENT EVER HIT YOU OR USED ANY OTHER TYPE OF PHYSICAL FORCE TOWARDS YOU?

HAS THE OTHER PARENT EMOTIONALLY OR SEXUALLY ABUSED YOU?

HAVE YOU OR THE OTHER PARENT ABUSED ALCOHOL OR DRUGS?

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HAVE YOU EVER CALLED THE POLICE, REQUESTED A PROTECTION ORDER, OR SOUGHT HELP FOR YOURSELF AS A RESULT OF ABUSE BY THE OTHER PARENT?

HAS THE OTHER PARENT EVER THREATENED TO DENY YOU ACCESS TO YOUR CHILDREN?

DO YOU HAVE ANY CONCERNS ABOUT THE CHILDREN'S EMOTIONAL OR PHYSICAL SAFETY WITH YOU OR THE OTHER PARENT?

WHAT WOULD YOU SAY ABOUT YOUR RELATIONSHIP WITH THE OTHER PARENT?

Excellent____ Good ____ Fair ____ Poor____ Couldn't be worse____

WHAT EFFECT DO YOU THINK THIS RELATIONSHIP HAS ON THE CHILDREN?

A great deal____ Some____ A little____ None at all____

WHAT DO YOU THINK IT WOULD TAKE TO IMPROVE THIS SITUATION?

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PRESENT USE OF ALCOHOL (INCLUDING BEER, WINE, LIQUOR)

Daily _____ Once or twice a week _____ Once or twice a month _____ None _____

HAVE YOU EVER BEEN ARRESTED FOR AN ALCOHOL RELATED CRIME? _____

HAVE YOU EVER UNDERGONE TREATMENT FOR SUBSTANCE ABUSE? _____

IF YES, PLEASE INDICATE WHEN _____.

PLEASE RATE THE EFFECTIVENESS OF THIS TREATMENT:

Very effective _____ Helpful _____ Waste of time _____

ARE YOU NOW OR HAVE YOU EVER BEEN ON PROBATION OR PAROLE? _____

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A RESTRAINING ORDER FILED AGAINST YOU? _____

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IS THERE A RESTRAINING ORDER IN EFFECT RIGHT NOW THAT YOU ARE INVOLVED IN?

HAVE YOU OR THE OTHER PARENT PARTICIPATED IN DOMESTIC VIOLENCE CLASSES, BATTERER'S INTERVENTION, ANGER MANAGEMENT? _____

WHEN AND WHERE? _____

IF YES, PLEASE RATE THE EFFECTIVENESS OF THESE CLASSES IN ELIMINATING ABUSIVE BEHAVIOUR.

Very effective _____ Helpful _____ Waste of time _____

HAVE THERE EVER BEEN CHARGES FILED AGAINST YOU FOR PHYSICAL ASSAULT, BATTERY, DOMESTIC VIOLENCE OR STALKING? _____

SPECIFICALLY, WHAT CAN YOU DO TO BRING OUT THE BEST IN THE OTHER PARENT?

DISCUSS ANY ADDITIONAL CONCERNS:

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AGREEMENT AND CONTRACT TO ENGAGE IN PARENTING COORDINATION

This Document contains information on the Parenting Coordination process I have been retained to conduct upon order of the court, or upon stipulation of both parties and their attorneys, and retained by the court. As a Psychologist licensed under Florida Statutes 491 and Qualifies under Florida Statutes 61.125, I am trained, experienced, and legally qualified to conduct the services described below. I will not in any way provide any form of clinical diagnosis or psychotherapeutic treatment as a part of this process. Should you feel there is a need for such services, you agree to seek professional assistance from an appropriate clinician other than myself.

Guidelines to be reviewed and agreed upon before the process commences include the following:

_____ A. By remaining impartial and neutral, I will endeavor to analyze and assess the many individual and family factors contributing to the unresolved conflicts currently be experienced, and utilize my training and experience to teach appropriate conflict resolution skills to both parties. Further, when the parties are unsuccessful in reaching consensus or appropriately negotiated resolution in a given dispute, I am authorized to make a binding determination in all matters except decisions resulting in what the court would consider a “substantial change in circumstances”. My goal is to assist parents in making decisions that facilitate healthy child development, and assist the court in making decisions in the very best interest of your child(ren). As a Parenting Coordinator, I may need additional information in order to better understand the psychological, developmental, and emotional needs of each child, the parenting capacity of each prospective custodian, and the functional ability of each parent to meet the complicated needs of each child. The wishes of your child(ren), where appropriate, will also be considered. I will give each parent ample opportunity to contribute pertinent information and communicate any concerns. It is my specific intent to conduct the Parenting Coordination process to the highest professional and ethical standards, which shall be free from discriminatory bias based upon age, gender, race, ethnicity, national origin, religion, disability, language, culture, or socioeconomic status.

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_____ **B. The Parenting Coordinator** has broad responsibilities including:

- 1.) Creating approaches to implement a parenting plan that reduces the conflict between the parents;
- 2.) Monitoring compliance with the parenting plan or parenting schedule and helping resolve parent's disputes concerning the plan or schedule of parenting issues;
- 3.) Teaching communication skills and educating parents about principles of child development and issues facing children when their parents no longer live together;
- 4.) Maintaining communication amongst the parents by serving, if necessary, as a conduit for information.
- 5.) Writing detailed guidelines or rules for communication between parents and practicing those guidelines or rules with the parents, if necessary.
- 6.) Teaching parenting skills if those are lacking;
- 7.) Deciding how a particular element of a parenting plan or parenting schedule will be implemented including temporary changes in the parenting schedule, holiday or vacation planning, logistics of pick up and drop off, suitability of accommodations and issues dealing with step-parents and significant others; and
- 8.) Working with both parents to update and revise their parenting plan and time-sharing arrangements as changes in the children's and family needs occur.

_____ **C. Multiple Relationships:** As is expected by professional standards, I will not engage in a Parenting Coordination process for any current or former psychotherapy client(s), or any person(s) with whom a previous professional or personal relationship exists, except under rare or extraordinary circumstances, and only if both parties request such involvement, and the attorneys for both parties fully agree. If I become aware of such a previous relationship during the process, I will inform the court and respective attorneys of my professional obligation to withdraw, if appropriate, and will refund any unused retainer to the appropriate parties.

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_____ **D. Pre-Appointment Communications:** Should use choose to engage my services as a Parenting Coordinator, I will gladly discuss and clarify any information contained in this agreement, or discuss any concerns regarding the process of Parenting Coordination. Also, as discussed in the next paragraph regarding safety, I will discuss any concerns regarding safety, domestic violence or potential abuse issues with either party. In order to ensure my neutrality and avoid real or perceived bias on my part, until I am officially appointed by the court, I will **not** discuss with either party or either party's attorneys any specific matters pertaining to the case itself other than to request or clarify information needed to commence or proceed with the process.

_____ **E. Safety:** You agree that if there has been any violence of domestic abuse in your relationship, or any current viable threat to you, your child(ren), or any other party to this process which may limit your ability to effectively participate in the process, you will report this to me in a timely manner. You may inform me either directly during any individual session or visit, or confidentially via telephone (813) 689-2525, or via confidential email Drgvick@gmail.com. Further you agree to notify your respective attorney of any concerns you may have in this regard.

_____ **F. Mandatory Reporting:** You understand and agree that, by law, when information concerning child abuse or neglect; abuse, neglect or exploitation of a disabled adult or elderly person; or the serious threatened harm to anyone comes to my attention during the course of this process, I **must** notify the appropriate authorities or potential victim, if any, and not adhere to the confidentiality restrictions normally expected during the course of such a process.

_____ **G. Court Appearances and Records:** Appearance in court on any Parenting Coordination case involves your permission to testify, OR the court's permission to allow my testimony. If requested by the court, or if I myself request to testify for any reason, you agree to pay my standard fee of **\$350.00/hour** at the percentage ordered by the court, for any and all time expended in preparation, travel, or testimony. In the event that I serve as a witness, expert witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$350.00/hour** for any time expended in such testimony. This includes preparation time, travel, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process. Should any signatory of this agreement seeks to compel me to provide information in a court proceeding or elsewhere, you agree in advance that this person will

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compensate me, at the rate of **\$350.00/hour**, for any and all time expended in response to this request for release or subpoena of information, including preparation and court time, document review and phone calls, all travel time (portal to portal), all time expended invoicing, correspondence, etc...plus the cost of all legal services which I may employ to defend the integrity of this process. If requested to testify by the court or any party to this Parenting Coordination process, you authorize me to testify to the court regarding any and all specifics contained within my case file and/or the process of reaching my conclusions and recommendations. You also agree to pay my normal compensation fee of **\$350.00/hour**, which shall include any and all time expended in the course of any and all court appearances associated with this process. You also understand and agree that any court appearance will require an additional retainer of **\$1000.00** by the requested party before I will appear to testify. If additional time not covered by this retainer is required in the course of any court appearance, you agree to compensate me for all additional time expended, at my normal fee of **\$350/hour**, upon presentation of final invoice. If both parties request my presence in court, the retainer fee and any additional fees can be split according to percentage agreed upon between the parties, as ordered by the court. Any unused portion of the retainer will be returned to appropriate party or parties upon completion of all court action.

H. Independent Legal Counsel: You are encouraged to avail yourself of legal counsel if you so desire. You have the right to retain a separate and legal attorney of your own choosing to advise you of your legal rights and responsibilities during this legal proceeding. You are encouraged to talk openly with your attorney throughout the entire investigative process. You understand that I will not provide any legal services or advice. *Please complete the following in regards to your attorney:*

Participant Name

 Attorney's Name

 Attorney's Phone Number / Fax Number

 Attorney's Address / email address

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_____ **I. Fees:** My fee for Parenting Coordination services is two hundred dollars (**\$200.00**) per hour, payable via cash, check, cashiers check, or credit card. Time is billed in 15 minute increments. This rate shall apply to my time involved in all sessions, phone calls, interviews and discussions with collateral contacts, reading and writing of any pertinent documentations or emails, participating in case conferences, preparation of parenting plans, preparation of reports and recommendations, any required collection action or related litigation, and any and all other time spent on your behalf. As such, **a retainer of \$2000.00 is required or by signing a credit card authorization form** before this process is begun. This deposit can be paid by including a check with this signed agreement, by calling my office and making a credit card payment, or by personally delivering a cash deposit to my office. As more time is required, you agree to pay an additional retainer upon request. Any unused portion of any retainer shall be returned upon completion of my services as a Parenting Coordinator. You will be supplied an accounting of hours accrued upon request.

Each party shall share the payment for Parenting Coordination services according to the following percentage:

Name: _____ Percentage of Fee: _____%

Name: _____ Percentage of Fee: _____%

_____ **J. Full Disclosure:** You agree to cooperate fully with all requests for documentation of records, and fully disclose all relevant information, as requested throughout the course of this process. If you have any reason to doubt the honesty, accuracy or completeness of the opposing party's disclosure of any relevant information, it is agreed that you will inform your attorney and me as soon as such concerns arises.

_____ **K. Cancellation Policy:** During the course of this process, time will be coordinated with and reserved for you, or on your behalf. My full hourly fee of **\$200.00/hour** will be charged for all appointments that are not cancelled or rescheduled at least **24 hours** in advance. This includes missed office visits, phone appointments and interviews scheduled with you, with collateral contacts, or on your behalf, barring unforeseen and documentable emergencies.

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____ **L. Emergency:** Assistance provided during the Parenting Coordination process is not intended to be a crisis service. All Parenting Coordination services are held during the ordinary course of business and not outside normal working hours. Therefore, I agree to not contact the Parenting Coordinator outside of normal working hours.

____ **M. Expected time frame and process:** Each party can expect a minimum 2-hour individual session at the beginning of the process, followed by a 2-hour conjoint session. Future sessions will be scheduled individually or conjointly and may be one or two hours, depending on the specifics of the case, the dynamics between parties, and relative schedules of all parties. There is no way to determine how many sessions will be required but, generally, the more quickly conflict subsides and a climate of cooperation is established, the sooner sessions can be reduced over time.

____ **N. Psychological Evaluation:** During the course of this process, I will not give an opinion about the psychological level of functioning or any individual, or clinically diagnose any individual. If I become concerned about the psychological or emotional functioning of either party, and have not received a psychological evaluation for that individual, I may request that the court order such an evaluation by qualified professional before I continue the Parenting Coordination process. If such an evaluation is not ordered by the court, or is otherwise unavailable, I may include a statement of my concerns in a written summary to the court.

____ **O. Informed Consent:** You understand that Parenting Coordination is not equivalent to psychotherapy, but like therapy there **IS** an assumption or privilege or confidentiality regarding information disclosed in Parenting Coordination sessions. However, by consenting to working with me as Parenting Coordinator, **you are consenting to a waiver of this confidentiality**, and agree to the disclosure of any/all information discussed or divulged in Parenting Coordination sessions to the court and/or attorneys if it becomes necessary for any reason, in my sole professional opinion. By your signature, you consent to waive any assumption of confidentiality for the purposes of my testimony, whether in the submission of a written summary, letter of recommendations to the court, or in-court or telephonic testimony in any litigation process during or after my tenure as Parenting Coordinator. Your signature also gives consent to allow me to contact any and all relevant collateral contacts, and to be allowed full and complete access to any and all records requested by me, including legal, financial, school, medical, mental health

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and all such related records for yourself and any and all minor child(ren) involved in the Parenting Coordination process.

_____ **P. Parent Communication Guidelines:** You agree to agree to the following guidelines regarding communications between parents, the Parent Coordinator, and other involved professionals:

- 1.)The parents will use the guidelines provided to them entitled “*Guidelines for Effective E-mail Communication*” for all written communications including texts, emails, or mail including ourfamilywizard.com (attached).
- 2.)The parents will cc: the Parenting Coordinator with all e-mails or texts with each other. The parents will cc: the other parent with e-mails to professionals about the child(ren).
- 3.)The parents will not, nor will they allow others to, disparage the other household members in the presence or hearing range of the child(ren).
- 4.)The parents will not, nor will they allow others to, discuss the litigation, child support, or court services in the presence or hearing range of the child(ren).
- 5.)The parents will not, nor will they allow others to, use the child(ren) as messengers.
- 6.)The parents will not, nor will they allow others to, question the child(ren) about their time at their other home or about co-parenting matters. They may discuss the children’s feelings. If the parent feels they need to ask questions, they will ask questions about the child(ren)’s time with them rather than time with their other parent.
- 7.)The parents will use two home friendly vocabulary with the child(ren).
- 8.)The parents will notice the other parent within 24 hours of the time they are notified of any professional appointments or activities for the child(ren), or immediately if 24 hour notice is not available.

_____ **Q. Waiver of Decision-making Authority:** *Florida Parenting Coordination Rule 12.74 states, in part:*

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- a.) Authority with Consent.** The parenting coordinator may have additional authority with express written consent. If there has been a history of domestic violence the court must find that consent has been freely and voluntarily given. (1.) With the express written consent of both parties, the parenting coordinator may (A) have temporary decision-making authority to resolve specific non-substantive disputes between the parties until such time as a court order is entered modifying the decision; or (B) make recommendations to the court concerning modifications to the parenting plan or time-sharing. (2.) With the express written consent of a party, a parenting coordinator may (A) have access to confidential and privileged records and information of that party; or (B) provide confidential and privileged information for that party to health care providers and to any other third parties.
- b.) Limitation of Authority.** A parenting coordinator shall not have decision making authority to resolve substantive disputes between the parties. A dispute is substantive if it would (1.) significantly change the quantity or decrease the quality of time a child spends with either parent; or (2.) modify parental responsibility.

You understand that by consenting to work with me as Parenting Coordinator, you are giving me your expressed written permission, via this contract, to assume the additional authority listed above (b). You understand that you are delegating to me the role of **Arbitrator** – or final decision maker – in all unresolved conflicts *except* the “substantive disputes” defined in (a) above. You understand the ramifications of this action, and voluntarily agree to this clause.

This document is a legal contract. Your signature below certifies that each term has been discussed, all questions and concerns have been addressed, and this contract accurately reflects your agreement to engage my services of Parenting Coordinator as described above. You understand that your signed contract will be filed with the court along with my notice of Acceptance of your case, and will become a public document in your case file.

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If this is your understanding, please print and sign your name in the spaces indicated below. You may include a personal or cashier check, or call my office to make a credit card payment or other arrangements. With your signed agreement and submission of [your portion of] the refundable retainer of \$2000.00, this case will officially begin. I look forward to meeting you and working with you in the best interests of your child(ren).

Dr. Vick

Licensed Psychologist
Court Qualified Parenting Coordinator
Florida Supreme Court Certified Family Mediator
Collaborative Divorce Facilitator
Co-Parenting Divorce Coach

Participant Name (Please print legibly)

____/____/____
Date

Participant Signature

3314 Bay To Bay Blvd., Tampa, FL 33629 / 1452 Oakfield Drive, Brandon, FL 33511
(813) 689-2525 / (813) 689-4433 fax
Drgvick@gmail.com / www.Drgvick.com



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CONSENT TO ALLOW ACCESS TO RECORDS FOR PARENTING COORDINATION PURPOSES

TO: All relevant parties

RE: Access to records request

I understand that in this Parenting Coordination process, **I fully and voluntarily waive any implied or actual assumption of privacy and confidentiality** in regards to any / all information requested by the Parenting Coordinator. By consenting to this process, I have consented to the full and complete disclosure of any and all information requested by the court-appointed Parenting Coordinator, **Garin D. Vick, Psy.D.** By my signature, I consent to waive any assumption of privacy or confidentiality, whether during the process itself, in the submission of a written summary of the Parenting Coordinator's findings, or in any litigation process to follow. My signature also gives consent to allow the Parenting Coordinator to contact any/all collateral contacts deemed appropriate, and to be allowed full and complete access to any/all records requested, including legal, financial, school, medical, mental health and all such related records for myself and any and all minor child(ren) involved in this process. This release shall serve as my full and unrestricted permission for any party, upon request, to provide to **Garin D. Vick, Psy.D.**, any/all information, records and documentation requested, with no further contact with me.

Participant Name (Please print legibly)

____/____/____
Date

Participant Signature

(____) _____
Contact Phone Number(s)

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SCREENING QUESTIONNAIRE FOR PARENT COORDINATION SERVICES

Name: _____

What year did you marry? _____ Separate? _____ Divorce? _____

Please list the names, ages, and dates of birth of your children:

NAME	AGE	DOB

1. Please rate your current relationship with your child(ren)'s other parent, check one:

Hostile/Frightening ___ Bitter/Angry ___ Distant/Cold ___
 Polite/Respectful ___ Friendly ___

2. Please check all the issues, events, or situations which cause problems when you and the child(ren)'s other parent share parenting responsibilities:

- | | |
|--|---|
| <input type="checkbox"/> who pays for what | <input type="checkbox"/> putting children's needs first |
| <input type="checkbox"/> pick up/drop-off times | <input type="checkbox"/> making decisions about school |
| <input type="checkbox"/> different standards (e.g. cleanliness, dress) | <input type="checkbox"/> buying necessities for children |
| <input type="checkbox"/> discipline | <input type="checkbox"/> buying gifts for children |
| <input type="checkbox"/> curfew | <input type="checkbox"/> vacation time |
| <input type="checkbox"/> school performance | <input type="checkbox"/> stepparent or live-in lover |
| <input type="checkbox"/> last minute changes in schedule | <input type="checkbox"/> wanting more flexibility |
| <input type="checkbox"/> relationships with in-laws | <input type="checkbox"/> wanting more structure |
| | <input type="checkbox"/> attendance at school functions (conferences, plays, games) |

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- (grandparents) _____ activities in which your ex involves the children
- your ex's personal habits _____ crisis management (e.g. the child has a problem)
- (e.g. drinking, cursing)
- religious difference _____ division of parenting time
- different ideas about _____ your ex's dating habits
- Medical treatment for children
- things that bothered you when you were married
- different ideas re:diet and exercise for child(ren)

3. I respect the mother/father of my child(ren) as a parent:

Never	Rarely	Sometimes	Usually	Always

4. If I don't agree with my child(ren)'s other parent's approach to child rearing, I can accept that we are different and still support him/her:

Never	Rarely	Sometimes	Usually	Always

5. I restrain myself from talking badly about my child(ren)'s other parent in front of the child(ren):

Never	Rarely	Sometimes	Usually	Always

6. I believe my child(ren)'s other parent restrains him or herself from speaking badly about me in front of the child(ren):

Never	Rarely	Sometimes	Usually	Always

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7. I discuss with my child(ren)'s other parent issues which are relevant to the child(ren) (i.e. medical, educational, extracurricular activities, sports activities, family events, awards, etc.):

Never	Rarely	Sometimes	Usually	Always

8. My child(ren)'s other parent is willing to discuss with me any issues which are relevant to the child(ren):

Never	Rarely	Sometimes	Usually	Always

9. I think it is important for my child(ren) to maintain regular contact with their other parent and his/her family (grandparents) no matter what I think of them:

Never	Rarely	Sometimes	Usually	Always

10. I believe my child(ren)'s other parent feels it is important for my child(ren) to maintain regular contact with me and my extended family no matter what she/he think of us:

Never	Rarely	Sometimes	Usually	Always

I would be interested in the following services:

- | | |
|---|---|
| <input type="checkbox"/> Parent Coordinator | <input type="checkbox"/> Social Investigation and Parenting Plan Recommendation |
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Personal/Family Therapy |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Evaluation to assess needs of child(ren) |

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In accordance with **Rule 15 (July, 2014)**, as a court qualified parenting coordinator, I am required to provide you with an advance written explanation of my fees and costs prior to commencement of the PC process and provide you with a written notice of any changes in fees during the PC process.

My fee for Parenting Coordination services is two hundred dollars (\$200.00) per hour, payable via cash, check, cashiers check, or credit card. Time is billed per 15 minute increment. This rate shall apply to my time involved in all sessions, phone calls, interviews and discussions with collateral contacts, reading and writing of any pertinent documentations or emails, participating in case conferences, preparation of parenting plans, preparation of reports and recommendations, any required collection action or related litigation, and any and all other time spent on your behalf. As such, **a retainer of \$2000.00 or a signed credit card authorization form** is required before this process is begun. This deposit can be paid by including a check with this signed agreement, by calling my office and making a credit card payment, or by personally delivering a cash deposit to my office. As more time is required, you agree to pay an additional retainer upon request. Any unused portion of any retainer shall be returned upon completion of my services as a Parenting Coordinator, or after six (6) months with no required sessions. You will be supplied an accounting of hours accrued monthly or upon request.

Cancellation Policy: During the course of this process, time will be coordinated with and reserved for you, or on your behalf. My full hourly fee of **\$200.00/hour** will be charged for all appointments that are not cancelled or rescheduled at least **24 hours** in advance. If we have schedule a two hour session, you will be charged for both hours at a rate of **\$400.00**. This includes missed office visits, phone appointments and interviews scheduled with you, with collateral contacts, or on your behalf, barring unforeseen and documentable emergencies.

Court Appearances and Records: Appearance in court on any Parenting Coordination case involves your permission to testify, OR the court's permission to allow my testimony. If requested by the court, or if I myself request to testify for any reason, you agree to pay my standard fee of **\$350.00/hour** at the percentage ordered by the court, for any and all time expended in preparation, travel, or testimony. In the event that I serve as a witness, expert

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witness or any other role in any litigation or hearing or other legal proceeding, you agree to pay my standard fee of **\$350.00/hour** for any time expended in such testimony. This includes preparation time, travel, testimony time, or time waiting to testify, whether or not my testimony is actually taken. You agree not to request or subpoena for any reason and of my personal notes, interview summaries, records, drafts, or any documents used in the course of a Parenting Coordination process. Should any signatory of this agreement seeks to compel me to provide information in a court proceeding or elsewhere, you agree in advance that this person will compensate me, at the rate of **\$350.00/hour**, for any and all time expended in response to this request for release or subpoena of information, including preparation and court time, document review and phone calls, all travel time (portal to portal), all time expended invoicing, correspondence, etc...plus the cost of all legal services which I may employ to defend the integrity of this process. If requested to testify by the court or any party to this Parenting Coordination process, you authorize me to testify to the court regarding any and all specifics contained within my case file and/or the process of reaching my conclusions and recommendations. You also agree to pay my normal compensation fee of **\$350.00/hour**, which shall include any and all time expended in the course of any and all court appearances associated with this process. You also understand and agree that any court appearance will require an additional retainer of **\$1000.00** by the requested party before I will appear to testify. If additional time not covered by this retainer is required in the course of any court appearance, you agree to compensate me for all additional time expended, at my normal fee of **\$350/hour**, upon presentation of final invoice. If both parties request my presence in court, the retainer fee and any additional fees can be split according to percentage agreed upon between the parties, as ordered by the court. Any unused portion of the retainer will be returned to appropriate party or parties upon completion of all court action.

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If this is your understanding, please print and sign your name in the spaces indicated below. You may include a personal or cashier check, or call my office to make a credit card payment or other arrangements. With your signed agreement and submission of [your portion of] the refundable retainer of \$2000.00, this case will officially begin. I look forward to meeting you and working with you in the best interests of your child(ren).

Print Name

Signature

Date

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