

Karen Bonnell, MS
4040 Lake Washington Blvd NE, Ste 300
Kirkland, WA 98033
(425) 454-4510

CLIENT INFORMATION SHEET / CO-PARENT COACHING / MEDIATION

You can fill out forms on your computer and either email them back, or print and bring to your appointment. Thank you.

E-mail may not be confidential. Keep this in mind whenever you are sending information over the web.

PERSONAL INFORMATION

TODAY'S DATE: _____

Your Name: _____

Street Address: _____

Street Address

Apt Number

City

State

Zip Code

(____) _____

Home Phone

(____) _____

Work Phone

(____) _____

Mobil/Cell

Birthdate: _____ **Age:** _____ **Relationship Status:** _____

Attorney: _____

E-Mail: _____

Would you like to be on my "E-Mailing" list for upcoming events and classes? YES NO

Your e-mail address will never be shared by me with anyone else. This would be for the specific purpose of announcing classes or sharing newsletter type information.

CHILDREN'S NAMES AND AGES

EMERGENCY CONTACT

Emergency Contact Person's Name: _____

Relationship to you: _____ **Phone:** _____

THANK YOU

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**DISCLOSURE OF INFORMATION, POLICIES AND CLIENT AGREEMENT
MEDIATION / CO-PARENT COACHING**

Welcome. I look forward to working with you – assisting you to meet your goals of a respectful collaborative coaching and/or mediation process. My role is one of facilitator, mediator and coach – I will be utilizing a wide-range of communication and advanced conflict resolution skills as well interest-based mediation skills in our work. I can assist with parenting issues, growth and development and impact of change/divorce information on children. My job is to assist you with communication impasses, mediation needs, high conflict resolution, and psycho-educational support. Please note that I will not give legal advice. To the extent that I provide a personal or professional opinion, recognize it is just opinion and not legal advice. All clients are encouraged to seek legal advice prior to signing any legal documents.

Though I will be providing psycho-educational support, I will not be serving as your therapist and my interactions with you are in no way intended to establish a patient-therapist relationship. If either or both of you see a counselor or other mental health professional, I strongly encourage you to continue in your personal work.

At the close of each session, you can opt to take responsibility for writing up the notes on our meeting or you can request as co-parents collectively that I prepare a report – Coach Notes. All parties have to agree and sign releases for information to be shared from my office. Agreements made in mediation / co-parent coaching are not “final” or legally binding until they are legally codified.

My role is to work with both of you – I am the facilitator for this process – not any one person individually. Please copy one another on content-related emails sent to me. I’m available to your attorneys/mediator to assist them if you both should request such collaboration in writing.

If at any time you have questions of me or about the services I provide, please ask them.

Now, let me acquaint you with a few of my operating procedures:

- Schedule – My business hours are generally between 10 AM – 4 PM Monday through Thursday.
- Fees – My billing rate for coaching/mediation services is \$240/hour.
- Payment – I may request a pre-payment fee or we may determine that payment at the time of service will be adequate. You will be billed at a rate of \$240/hour – this fee will apply to all my efforts supporting you including but not limited to: meetings, conferencing with professionals, e-mail, travel time and preparing written information/reports. If you object to any charge, please notify me as soon as possible so that we can discuss. There will be a \$40 fee for any returned check. You may pay with cash, check or credit card.
- Appointment Times, Cancellations, No-Shows – The time that we schedule is held especially for you together. You will be charged full fee for meetings that are cancelled with less than 72 hours notice by either party. Both parties must be present for meetings scheduled as a “joint meeting” to proceed unless previous arrangements are made with the facilitator/coach. If you are late to an appointment, the remainder of the scheduled period is available for you; you will be charged at the full rate.
- Telephone Voice Mail Service – The 425/454-4510 phone number has telephone voice mail service. I pick up my messages throughout the day during business. I do not carry a beeper. If you are experiencing a crisis and need to talk to someone immediately, please use the Crisis Clinic at 206/461-3222, or any hospital emergency room for

information, support or referral. Dial 911 for emergency services. I do not provide 24-hour emergency coverage during the week or on weekends. As your coach/mediator, I am not serving as your psychotherapist or substituting for primary health care; nor do I function to cover psychiatric or psychological emergencies.

- E-Mail – E-mail is routinely used to convey information, correspond with other professionals (with written permission only), newsletters or announcements. E-mail can result in a loss of confidentiality. Please let me know if you do not want e-mail utilized in our communications.
- Training and Approach to Assisting Families and Mediating Conflict – I have a Bachelor’s Degree in Nursing (University of Michigan, Ann Arbor) and a Masters of Science in Psychiatric Nursing (University of Michigan, Ann Arbor). I am a licensed Advanced Registered Nurse Practitioner in the State of Washington and am Board Certified by the American Nurses’ Association in Adult Psychiatric and Mental Health Nursing. I have completed two years of training at the Huron Valley Institute, Ann Arbor, in the advanced practice of individual and group psychotherapy. My mediation training was completed at Northwestern University. Collaborative Divorce Process training was completed in Gig Harbor and is on-going. I regularly seek professional continuing education and am also a provider of continuing education for health care and legal professionals. I have both inpatient and outpatient experience in providing counseling/consultation for children, adolescents, adults and families accumulated over more than 30 years of experience. I have taught at three universities; created and taught parent education for Evergreen Hospital, Kirkland. Assisted in developing advanced certification training for the Compassionate Listening Project – a high conflict resolution process used around the world. If you would like more information about my professional background, please ask me and/or request a copy of my vitae. I completed “Divorce Mediation” (40-hour training) at Northwestern University; have taught Mediation for Collaborative Professionals through King County DRC. I am a member of the International Academy of Collaborative Professionals, Collaborative Professionals of Washington, and King County Collaborative Law.

My goal is to provide interventions, which are tailored to my clients’ specific goals and needs as relates to the specific presenting issues and well-being of their changing family. My hope is that my clients experience themselves as active, knowledgeable, and equal participants in their process. As a consequence, I rely on my clients to tell me what they are experiencing and how they are feeling about their work with me, and their progress toward goals.

- No Guarantees – Success in building a collaborative environment is dependent on many factors. Some of those factors are: Issues that are identified, the motivation of the clients to succeed, the efforts made by the clients to fulfill their responsibilities, and the clients’ commitment to collaborative processes. Despite these uncertainties, I will work with you and do my best to help you realize your goals for this process. I cannot provide guarantees.
- Coming to Closure – You are free to terminate our association at any time. However, I hope that this is a process that you and I will plan together.
- Coach’s Right and Responsibility – If at any time I believe that I am unable to work successfully with a person, I will bring this matter to the client’s attention. We will discuss the process of termination and, if desired by the client, I will assist with making a referral.
- Limitations of Subpoena Power and Errors and Omissions Liability – You will not subpoena me or any person employed by or affiliated with me to testify or provide information in any action or proceeding arising out of or connected to any way with this coaching/mediation process or any dissolution-related court action. You will not hold me liable for any error or omission in connection with this coaching/mediation process or associated documents.

NOTICE OF PRIVACY PRACTICES
(Please read this section carefully)

As a form of mediation and psycho-education, your coaching process is afforded all statutory protections that apply to other forms of mediation. This means that if your mediation process fails and you decide to proceed with formal litigation, the following privacy provisions will apply:

- You and/or your spouse will have the right to refuse to disclose, and may prevent any other person from disclosing, any mediation communication.
- The participants/team members in your family process may refuse to disclose, and may prevent any other person from disclosing, a mediation communication made by that participant.

See RCW RCW 7.07. Though there may be some exceptions, the communications that will take place during your mediation/Collaborative Law divorce process will generally be treated as privileged and will not be subject to discovery or admissible as evidence in your subsequent case.

Though I am not serving as your therapist in this context, as a licensed mental health provider, I am legally and ethically bound to make disclosures outside the collaborative divorce, mediation or co-parent coaching process in the following instances:

- If I believe that you intend to physically injure yourself I will take steps to minimize your harm to yourself. This may include calling the police, a CDMHP, or whatever steps I believe are indicated.
- If you state substantial intent to physically injure another individual, I will make efforts to inform that person and also inform you of my intent.
- If I become aware of any physical or sexual abuse of a minor child, a developmentally disabled adult, or an older adult, I am required by law to notify the appropriate authority.

Signing the attached Consent for Services indicates that you have read this Disclosure Statement, initialed the Financial Agreement that follows, and agree to seek my services under these conditions. This is a legally binding agreement between us, which you are free to have reviewed by an attorney before signing. If you have any comments or concerns about signing, please address those with me directly.

Thank you again. I look forward to working with you.

Sincerely,



Karen Bonnell, MS

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CONSENT FOR SERVICES

MEDIATION / CO-PARENT COACHING

Client: _____ Coach: Karen Bonnell, ARNP, MS

I, the above named client, assent that I have read Karen Bonnell’s *Disclosure of Information, Policies and Client Agreement* in full (a total of three pages). This document included a *Notice of Privacy Practices*. I consent to seek the services of Karen Bonnell, MS under the conditions described in the disclosure statement. I have entered into this contract freely and know that it is the right of either myself or Karen to terminate services at any time. I know that I have the right and responsibility to ask questions and receive answers regarding the nature and progress of our work together whenever I have concerns. As part of this contract, I also agree to the following policies:

- No drugs, prescription, non-prescription, legal or illegal (including marijuana) or alcoholic beverages shall be taken prior to or during any meeting or scheduled interaction without the knowledge of the coach.
- Client is asked to notify the coach if he/she anticipates being delayed or absent from a meeting or scheduled interaction prior to the starting time.
- Client agrees to **pay full charge for late cancellations (less than 72 hours)** and for “no show” meetings or scheduled interactions.
- Client has reviewed, agreed to, and initialed the Financial Agreement attached.

I understand and accept that Karen Bonnell, MS, practices independently, and does not carry a beeper or attempt to maintain being “on-call” 24 hours each day. I understand and accept that she is not functioning as a psychotherapist, generally is not available to assist me in a crisis situation and I agree to utilize other community-based support systems (i.e. the Crisis Clinic or any hospital based emergency room, 9-1-1) in case of a crisis or emergency as needed.

I _____ have read and agree to the above stated policies and conditions of services.

Client Signature _____ Date _____

Coaches Signature _____ Date _____

FINANCIAL AGREEMENT

Fees for Service

Effective January 1, 2018

Fee Schedule

\$60 15 minutes

\$120 30 minutes

\$180 45 minutes

\$240 60 minutes

One Time Cost for Drafting the Parenting Plan Worksheet: \$300

Travel Time: Minimum \$100

Email: I will respond to email within reason for no charge. Emails that require more than five minutes of time to respond to will be billed at my hourly rate (one tenth of an hour - \$24 each).

Billing

Payment is requested at the time of service. Payment may be made with cash, check or credit card. Returned checks will be charged a \$40 service fee. If I'm assisting you with developing a parenting plan, the \$300 one-time cost for drafting the worksheet will be assessed prior to providing the first draft. For co-parents, you are jointly and severally responsible for payment on fees incurred.

Collaborative Divorce Coaching

As part of your Collaborative Divorce team, I request an advance fee deposit of \$1500. All our work together will be charged against the initial fee advance. Clients agree to maintain a minimum \$500 advanced fee deposit until conclusion of the Process. Any unused portion of the fee advance will be returned to you within 30 days of completion of our work together.

Confirming Agreement

By initialing below, you are asserting your understanding and agreement to the above policies.

_____ (initial)

Please fill out for "Co-Parent Coaching" or "Parenting Plan Mediation"

RELATIONSHIP HISTORY QUESTIONNAIRE

Name: _____ Date of Birth: _____

Children's Name	Date of Birth	Currently lives with:		
		Mother	Father	Both
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CURRENT RELATIONSHIP CIRCUMSTANCES:

Years living together _____

Reason you coupled _____

Currently separated?	Yes/No	Date of separation	_____
Filed for divorce?	Yes/No	Date of filing	_____
Who filed?	_____	Attorneys engaged?	Yes/No

Did you expect this separation?		Did you want this separation/divorce?	
Yes, for a long time	_____	Not at all	_____
Yes, but only recently	_____	Have mixed feelings	_____
Unexpected	_____	Want it very much	_____
		No, but am resigned to it	_____
		Feel it is for the best	_____

If previously married, list the date(s) of previous marriages and divorces:

Factors contributing to the decision to separation/divorce (*please check all that apply*):

- Recently had difficulty communicating _____
- Always had difficulty communicating _____
- Differences in interests _____
- Differences in education level _____
- Differences in ethnic or racial background _____
- Differences in expectations about marriage _____
- Differences in expectations about family life _____
- Changes in lifestyle, values _____
- Lacked love for one another _____
- Verbal abuse _____
- Bored _____
- Sexual difficulties _____
- In love with another person _____
- Financial problems _____
- Unfaithful, infidelity _____

- Abuse or neglect of children _____
- Job or school commitment _____
- Suspiciousness, jealousy _____
- Neglect of home _____
- Trouble with in-law _____
- Drinking _____
- Drug use _____
- Physical abuse _____
- Depression _____
- Sexual abuse _____
- Other (explain) _____

Major life events and/or changes occurring within the last twelve months (*check all that apply*):

- Started school or training program _____
- Graduated from school or training program _____
- Entered job market _____
- Changed job _____
- Lost job _____
- Moved residence _____
- Financial troubles _____
- Increase in financial responsibilities _____
- Legal problems _____
- Arrested and/or jailed _____
- Separation or divorce of friend or relative _____
- Health problems (self, spouse, children) _____
- Drinking or drug problems _____
- Began treatment for drinking or drug problems _____
- Began psychotherapy _____
- Began new medications _____
- Significant weight gain or loss _____
- Nanny, au pair or aging parent joined the household _____
- Nanny, au pair or aging parent left the household _____
- Death of a household pet _____
- Pregnancy _____
- Miscarriage _____
- Abortion _____
- Fertility problems _____
- Changes in childcare _____
- Children had trouble in school _____
- Onset of menopause _____
- Mid-life crisis _____
- Victim of a crime _____
- Auto accident _____
- Undertaken major new expenses _____
- Natural disaster _____
- Other (explain) _____

Level of conflict

On a scale of 1-10 rate the level of conflict and anger during times/episodes of conflict in your relationship *prior to* the decision to separate. 1 being low and 10 being high:

Level of conflict in your relationship – 1 2 3 4 5 6 7 8 9 10

Level of your anger ----- 1 2 3 4 5 6 7 8 9 10

Level of other's anger -----1 2 3 4 5 6 7 8 9 10

Rate your level of conflict and anger now:

Level of conflict ----- 1 2 3 4 5 6 7 8 9 10

Level of your anger ----- 1 2 3 4 5 6 7 8 9 10

Level of others anger -----1 2 3 4 5 6 7 8 9 10

At this time, of major change in our family:

I worry I will _____

I am concerned my children will _____

It's important to me that the separation/divorce process _____

I think my spouse/partner will _____

With regard to *the future*:

I worry I will _____

I am concerned my children will _____

It is important to me that _____

I think my spouse/partner will _____

Current Sources of emotional support (please check all that apply):

- Friends _____
- Family _____
- Neighbors _____
- Co-workers _____
- Religion or spiritual practice _____
- Therapist/counselor _____
- Lawyer _____
- Other: _____

Occupation

- What is your occupation? _____
- Are you currently employed? Yes/No _____
- If yes, where are you employed? _____
- How long have you held your current position? _____
- How satisfied are you with your current job/work situation?
- Very satisfied _____ Moderately satisfied _____
- Moderately unhappy _____ Extremely unhappy _____

Personal History

Have you ever had any physical or mental illnesses, significant health problems or serious accidents that affect you for an extended period of time? If so, please list:

Your health in early childhood was generally:

Good _____ Fair _____ Poor _____

At present, your health is generally:

Good _____ Fair _____ Poor _____

How long ago was your last physical? _____

Are you concerned about your own drug/alcohol use or that of your partner?

Yes/No If yes, please explain: _____

List all drugs you are taking (including aspirin, vitamins, sleeping pills, etc.):

Are you currently in couple's, family or individual therapy or counseling? Yes/No

If yes, with whom? _____ For how long? _____.

Have you previously been in couple's, family or individual counseling? Yes/No

If yes, what type of counseling was it? _____

For how long? _____ With whom? _____.

Do you have any concerns about your physical or emotional safety in your primary/intimate/spousal relationship? YES NO

Has your spouse or intimate partner ever hurt you, your child, a pet or threatened to destroy something important to you? YES NO

Has he/she ever (please check all that apply):

- Hit you?
- Smacked you?
- Bit you?
- Verbally degraded you?
- Forced you to have sex or perform sexual acts you didn't want to do?
- Threatened to use a weapon against you?
- Prevented you from leaving the house, see friends, get a job, finish school?
- Been excessively jealous – accuse you of having affairs – repeatedly check up on you?

- Pushed you?
- Kicked you?
- Choked you?
- Called you names/put you down?

Anything else you'd like to mention/like me to know?

Income

What current monthly income is available to you to live on? _____.

Describe changes, if any, in your income since your separation: _____

Coaching/Mediation Process

How did you hear about my services? _____

What do you hope to accomplish? _____

What do you consider to be the main issues? _____

What are your hopes for the future? _____

Beyond the information you have listed here, what else do you feel is important for us to know about you and your current situation? _____

CLIENT GOALS LIST – COLLABORATIVE DIVORCE / MEDIATION

INSTRUCTIONS: READ QUICKLY THROUGH THE SHORT TERM GOALS. PUT A 1 & 2 BY YOUR MOST IMPORTANT GOALS, NEXT PUT A 6 & 7 BY THE LEAST IMPORTANT GOALS, THEN RANK THE THREE REMAINING GOALS 3, 4, 5, IN ORDER OF IMPORTANCE. REPEAT THE SAME PROCESS WITH THE LONG TERM GOALS.

Short Term (Rank order most important first)

- ___ Ability to help my children weather the divorce process
- ___ Ability to keep my cool and think clearly in tense situations
- ___ Skills and strategies to manage my frustration, irritation and anger
- ___ Skills and strategies for dealing with another's anger
- ___ Ability to avoid automatically giving in when faced with an argument
- ___ Ability to look ahead and set future goals for myself
- ___ Ability to think through the decisions I make with new information

Long Term (Rank order most important first)

- ___ Effective co-parenting communication skills in place
- ___ Broaden parenting abilities for when children are with me
- ___ Set a base to provide for my children's lives (education, finances, emotional needs)
- ___ Develop my individual life
- ___ To change old patterns and habits
- ___ Have more effective problem solving tools to resolve impasses
- ___ To create a positive co- parenting relationship for my children

Comments related to goals _____

Additional Goals _____

