



Instructions for Cooperative Parenting Registration Forms

NOTE: The deadline for registration is 5:00 PM on the business day before the class start date. Forms received after that will be applied to the following class start date.

NOTE: You must complete the Enrollment Checklist. Merely filling out the forms and returning them will not be enough to get you enrolled into the class.

NOTE: Anyone who wants to may enroll in my course. You do not have to have a court order. However, a court order signed by a Bexar County judge entitles you to a reduced fee.

Enrollment Checklist

1	Enrollment forms filled out
2	Enrollment forms emailed to info@bexarfamilysolutions.com as a PDF attachment
3	If you have been court-ordered to take the class, skip this step. Proceed to Step 4. I am taking the course voluntarily. My fee is \$75 for enrollment and \$35 for each of the eight classes. I have paid my \$75 enrollment fee at https://bexarfamilysolutions.com/make-a-payment STOP. I will email you confirmation of successful enrollment. You are done.
4	If you have been court ordered, but not by a Bexar County judge or you cannot provide me with a copy of the Bexar County judge order that has the judge's signature or cannot provide me with a copy of the Judge's Notes, go to Step 3 above. Otherwise, continue to the next step.
5	I have been ordered by a Bexar County court to take this class, so I am emailing a PDF copy of that court order signed by the judge or a PDF version of the Judge's Notes from that hearing to info@bexarfamilysolutions.com
6	Are you unemployed? <ul style="list-style-type: none">- If no, go to Step 7.- If yes, you can take the course at no cost to you.- Let me know in an email that you have no income, and I will set your fee to \$0. STOP. You are finished. I will email you confirmation of enrollment.
7	I earn more than \$40,000 per year gross (before any deductions are taken from pay) <ul style="list-style-type: none">- If no, go to Step 8- If yes, do you pay child support?- If yes, do you pay health insurance premiums on the child/children subject to this lawsuit?- If you answered yes to either/both of those questions, would your gross pay fall below \$40,000/yr. if you subtracted your annual child support and/or annual medical support payments?- If yes, proceed to step 8.- If no, your enrollment fee is \$65 and each of your eight classes will cost \$35. Please pay at least the enrollment fee at: https://bexarfamilysolutions.com/make-a-payment STOP
8	I earn less than \$40,000 annually before any deductions, so I have emailed a PDF copy of a recent pay stub to info@bexarfamilysolutions.com .
9	STOP. I will determine your fee based on the documents you send and email you the outcome.

Too complicated to figure out? Give me a call and I'll walk you through it.



Really Important Information

1. Open the form using Adobe Acrobat Reader DC, available at:
Windows/Mac: <https://get.adobe.com/reader/?promoid=KSWLH>
Phones: download from your app store (iTunes, Google PlayStore)
NOTES: If you do not use the official Adobe app, you will not be able to fill in the forms. Some devices have a different app set as the default for opening .pdf files, so if you have the Adobe Reader and do not see the boxes where you can fill them in, close the form and open the Adobe Reader app first, then, from within Adobe Reader, open the .pdf file you downloaded.
Save yourself lots of time and effort by opening in the Adobe Reader app.
2. Open form
3. Fill in all the forms.
4. Use your Tab key to move between fields.
5. When completed, save the file to your device.
6. Send the completed/saved form to Bexar Family Solutions (info@bexarfamilysolutions.com) as an attachment.
7. **NO NOT send photographs of pages** for any of the documents you send.
8. **DO NOT send links to a shared drive** (e.g., Google Drive, Dropbox, Adobe Share, OneDrive, etc.) for any of the documents you send.
9. If you do not want to use the above instructions, then you may print the forms, fill them out, and fax them to 210.320.4716.

IMPORTANT!

1. Enrollment is not complete until you have paid your enrollment fee (if required). Merely submitting paperwork does not guarantee a spot in the class.
2. The **deadline for completing enrollment** is 5 PM on the day prior to the class start date.



Bexar Family Solutions

11230 West Ave., Suite 1203 // San Antonio, Texas 78213-1359
Ph: 210.320.2999 // Fax: 210.320.4716 // Email: info@bexarfamilysolutions.com

Cooperative Parenting INTAKE FORM

Date: _____ Cause #: _____

Name: _____ Relationship to Child(ren): _____

Birth date: _____ Age: _____ Cell Ph: _____

Home Address: _____ Apt: _____ City: _____ State: _____

ZIP: _____ Email Address: _____

Referred to the *Cooperative Parenting and Divorce* program by:

Check One: ☐ Court Ordered ☐ Settlement Agreement ☐ Voluntary Participation

Select your preferred start date from our Calendar of Classes

(<https://www.bexarfamilysolutions.com/cooperative-parenting-course-schedule>) _____

I will be attending class: ☐ In Person ☐ By Webinar

What is your co-parent's name? _____

Have you or the other parent ever been subject to a protective order? ☐ No ☐ Yes If "Yes," is it still in effect? ☐ No ☐ Yes

Do you or the other parent have a history of stalking or harassment of the other parent? ☐ No ☐ Yes

If yes, when did it occur? _____

Do you believe that you will be **actually physically or emotionally injured** if you are in a classroom with about 20 people that includes the other parent/guardian? You will not be alone with the person, you will never be required to interact with the person, and everyone will be prohibited from talking about their "stuff" in the class. This question is not asking you whether you want to be in the same class as that person.

☐ No ☐ Yes If "Yes," explain:



Cooperative Coparenting Statement of Understanding

Name: _____

Welcome to Bexar Family Solutions' (BFS) Cooperative Coparenting education program. Cooperative Coparenting education is a service designed for coparents having difficulty cooperating with each other on matters related to their children after the coparents have ended their relationship. Our goals are to help participants:

1. Shift their role from former partner to coparents;
2. Understand the impact of coparenting conflict on their child's development;
3. Identify their contribution to conflict while increasing impulse control;
4. Learn anger management, communication and conflict resolution skills;
5. Learn about children's issues in divorce;
6. Reduce symptoms of stress as coparenting conflict decreases;
7. Rebuild their lives as separate individuals;
8. Recognize the importance of the bond between the child and both coparents;
9. Foster sensitivity to their child's needs;
10. Focus on present child-rearing issues rather than past relational issues;
11. Address their underlying emotional problems; and
12. Provide the motivation and skills they need to avoid coparenting conflict.

This course is an opportunity to make a real difference in your children's lives. We sincerely hope that you will take the information to heart and apply it faithfully, so that your children do not suffer needlessly. This document provides you with important information about how the program is operated, your obligations, as well as your rights. Please read it carefully.

The process starts with our staff gathering some basic information from you by completing our enrollment forms. The forms will collect some information about you, your legal case (if involved in one), and your perceptions of how well you are able to work cooperatively with your coparent and manage your negative emotions. These "assessments," as we call them, will help us measure your progress in the course. Some students will be required to provide supporting documentation if they wish to be considered for a discounted cost.

The *Cooperative Coparenting* course is purely education. It is not group therapy. The course consists of eight weekly group meetings with other coparents. These classes will take place either in-person at our office or via webinar via Zoom. We offer a hybrid delivery format, which means we can have students attending both via Zoom webinar and in person at the office simultaneously. Instructors will present you with information and lead discussions. Each weekly class will last about two hours. In between classes, you will be asked to complete assignments from your workbook. During the class, you will not be allowed to discuss the particulars of your case.

In some cases, it may not be appropriate or possible for a participant to attend training in the group setting. Nearly everyone will start out there, but under certain circumstances, you and your coparent may be asked to work with just a instructor—without any other participants present. This would happen if you or your coparent:

1. Have not yet developed the skills to manage behaviors or emotions that interfere with the group's learning;
2. Other special circumstances as deemed appropriate by the program manager (e.g., special scheduling considerations). Please note that daycare is not a special consideration unless your child has a significant developmental disability.

To receive the Certificate of Completion, you must fulfill three requirements:

1. Attend all eight classes;
2. Participate in all the class exercises;
3. Complete all assessment forms provided.

CLINIC AND STAFF POLICIES:

Cooperative Coparenting instructors hold at least a master's degree and are licensed by the state of Texas as social workers, professional counselors, or marriage and family therapists. They have received additional training to teach Cooperative Coparenting education with both groups and individuals.

While instructors are licensed mental health professionals, their role is to be your educator, not your therapist. If you would like therapy, your instructor can assist you in finding a mental health professional to address your needs.

BFS reserves the right to refuse services to anyone who is, in the instructor's judgment, under the influence of drugs or alcohol or who poses a danger to course participants, staff, or any other person.

BFS is NOT an emergency facility. For imminent suicidal or homicidal intent or for other emergency situations, get help immediately. Call **911** or go to the nearest hospital emergency room. You may also call the Center for Health Care Services Crisis Hotline at **(210) 223-7233** 24 hours a day.

CONFIDENTIALITY:

We will respect your privacy within the limits of the law and professional ethics. However, **while attending this course, coparents are not protected by therapist-client privilege.** As a result, if the Court asks for information about your participation, comments, or behaviors or if an instructor is compelled by subpoena to provide testimony, nothing can be held in confidence. _____ Initial Here

Instructors are required to report an allegation or incident of abuse, exploitation, or neglect of a child to law enforcement officials, Texas Department of Family and Protective Services, and the Bexar County Juvenile Probation Department. It becomes the responsibility of those agencies to determine whether they will pursue the report with an investigation. Instructors are also required to notify the authorities if they have a reasonable belief that an elderly or disabled person is being abused or if they believe that you are a danger to yourself or another person.

Other information we are required to release:

- Attendance records for each participant
- Course completion or termination for each participant
- Total number of coparents receiving Cooperative Coparenting group classes
- Total number of coparents receiving Cooperative Coparenting counseling with individual couples
- Number and percentage of coparents who successfully complete the program
- Number and percentage of "no shows" (including how many of these "no shows" represent missed sessions that were later attended by means of make-up sessions)
- Number and percentage of coparents who showed improvement from their pre- to their post-assessments
- Number and percentage of coparents who indicate their overall satisfaction with process/content of the program
- Number and percentage of complaints and/or grievances, with detailed information as to any grievances that have not yet been resolved

Additionally, BFS is subject to audit by Bexar County, with whom we have a contract to provide this course, and other State agencies. This means that an auditor may review your file to verify that BFS is complying with the terms of its contract with the County or other laws.

OPEN CARRY OF A FIREARM ON BEXAR FAMILY SOLUTIONS' PREMISES PROHIBITED

Pursuant to Section 30.07, Penal Code (trespass by license holder with an openly carried handgun), a person licensed under Subchapter H, Chapter 411, Government Code (handgun licensing law), may not enter this property with a handgun that is carried openly. [Authority: Texas Penal Code §30.07(a)(2), §30.07(b), §30.07(c)(3)(A)]

CONCERNS OR COMPLAINTS:

We strive to provide the highest quality service. If you have a problem or a complaint about the course or its presentation, please bring it to the attention of your instructors. They will work with you to resolve the problem. If you are not satisfied with the outcome, you have the right to address your concerns to the Bexar County Domestic Relations Office (DRO), which oversees the Cooperative Coparenting education project. You may contact the DRO at:

Bexar County Domestic Relations Office
ATTN: Anthony Neugebauer, Director
100 Dolorosa // 3rd Floor
San Antonio, Texas 78205
210.335.1242

ATTENDANCE POLICY:

You must attend all eight sessions of *Cooperative Coparenting* to complete the course successfully. Your attendance record may be reported to the Court. If you cannot attend a class, please notify BFS in advance. You will be required to make up any class you miss. Specific instructions about how to do that will be provided to you if you miss a class.

Special note about hybrid delivery of the course:

1. Unless you have a court order that requires you to attend in person, you can select the attendance method that best suits your needs. Please check your order if you have one.
2. Classes will be delivered both in person at our office and via a live webinar.
3. When registering for the course, please indicate your preferred attendance method.
4. You are not restricted to that attendance method unless by court order. That means you can select either for any given weekly class.

Important attendance rules:

1. You may miss/make up no more than two (2) classes.
2. **You cannot miss the first or the last class.**
3. You will be offered the opportunity to make up the missed session at a time that is convenient to you by viewing the lesson's videos from our online provider, and answering written questions to demonstrate learning.
4. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED CLASS START TIME, IF YOU LEAVE MORE THAN 15 MINUTES PRIOR TO THE END OF CLASS, OR IF YOU MISS MORE THAN 15 MINUTES TOTAL OF A CLASS, YOU WILL NOT RECEIVE CREDIT FOR THAT SESSION AND IT WILL BE COUNTED AS AN ABSENCE.**
5. You will be dis-enrolled from the course under any of the following conditions: failing to attend the first or last session, arriving more than 15 minutes late to the first or last session, upon your third absence, or

if you fail to make up a class you miss. Notification of this fact may be sent to the Court, the DRO, and your attorney, if you have one. **There are no exceptions to this policy, even for events beyond your control.**

6. To obtain your Certificate of Completion after disenrollment, you will have to reenroll in a subsequent class and attend all eight sessions. You will not receive credit for classes already attended.
7. You will be given three opportunities to complete the course. You can be recycled into a later course up to two times. If you do not complete the course after three attempts, you will not be permitted to re-enroll or attend future classes.

COST:

For those attending the course voluntarily or without a court-order signed by a Bexar County judge, the enrollment fee is \$75. Each group Cooperative Coparenting session (including make-up sessions) costs \$35.00 per person. **If you have been ordered by a Bexar County District Court** to attend the course, the actual amount you pay will be based on your gross income—the more you earn, the larger your portion of the fee. Each non-group Cooperative Coparenting session costs \$90.00 per session. Unless otherwise agreed or ordered, when both coparents attend a private session, the cost will be split 50%-50%. Based on the preliminary income information you provided, your enrollment fee will be \$_____ and the cost for each of the eight classes will be \$_____. **YOUR ELIGIBILITY FOR A REDUCED RATE IS SUBJECT TO AVAILABILITY OF FUNDING FROM BEXAR COUNTY AND VERIFICATION OF YOUR INCOME. FAILURE TO PROVIDE ADEQUATE VERIFICATION OF INCOME WILL RESULT IN A CHANGE IN YOUR COST FOR THESE SERVICES. FINAL DETERMINATION OF YOUR FEE WILL BE MADE DURING THE INTAKE PROCESS. YOUR FEE MAY ALSO BE ADJUSTED IF YOUR INCOME CHANGES DURING THE COURSE.** Payment is due 24 hours prior to the scheduled class. We accept cash and credit/debit cards (Visa/MasterCard/Discover/PayPal) and payments can be made in person or at our website: <https://bexarfamilysolutions.com/make-a-payment>. **We do not accept checks or money orders.** You will not be permitted to attend or receive credit for a class unless you have paid your portion of the cost. Failure to make your payments by the deadline of 24 hours in advance can result in being required to pay for all remaining classes at once, in advance.

REFUND POLICY

1. The enrollment fee is **non-refundable**;
2. If you pre-pay for classes, you are eligible for a refund for the cost of class sessions you do not attend;
3. Requests for refund must be provided in writing within 60 days of withdrawal from the course. **Failure to meet this deadline will result in forfeiture of refund.** Refunds for money collected by credit/debit card will be credited back to that card and are subject to a 3% convenience fee. Otherwise, you will receive a check for the refund within 30 days of receipt of request.

Other charges:

Legal matters (deposition, testimony, etc.)	\$200 per hour
Copy of your file	\$20 + \$1.00/page
Copy of your Certificate of Completion	\$6
Replacement Workbook	\$30.00

By signing below, I am signifying that I have read and understand all this information.

Print Participant's Name

Participant's Signature

Date



Name: _____

Relationship to Child(ren): _____

1. Communicate with the child's other parent/conservator in matters regarding the child(ren).

2. Cooperate with the child's other parent/conservator on establishing mutually acceptable guidelines and working as a team.

3. Control your anger when interacting with the child's other parent/conservator.

4. Communicate with the child's other parent/conservator to discuss parenting matters.

5. Separate your former romantic relationship from your co-parenting relationship.

6. Use negotiation skills when interacting with the child's other parent/conservator.

7. Keep the child(ren) out of parental conflict.

8. Value the child's relationship with the other parent/conservator.

[illegible]

How often do you do the following:

9. Make negative comments about the child's other parent/conservator in front of the child.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

10. Ask the child questions about the other parent's/conservator's personal life.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

11. Ask the child to relay messages or pass notes to the other parent.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

12. Tell the child that the other parent/conservator was to blame for the divorce.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

13. Argue with the child's other parent/conservator in front of the child.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

14. Attempt to get the child to love you more than the other parent/conservator.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

15. Try to limit the amount of time the child spends with the other parent/conservator.

1	2	3	4	5	6	7	8	9	10	Your Answer: _____
Very Often									Never	

Rate your overall relationship with the child's other parent/conservator.

(Select only one)

1	2	3	4	5	6	7	8
Extremely Hostile	Hostile	Moderately Angry	Avoidant	Cold	Civil	Friendly	Very Friendly

Your Answer: _____



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Anger Assessment

Choose one reply that fits the best:

Common Symptoms	Never	Sometimes	Frequently	Always
I use aggressive behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have explosive outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have hit others or walls during these outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have destroyed property during an outburst.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel hostility to insignificant irritants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use verbally abusive language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am disrespectful to authority figures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I use body language to threaten e.g. clenched fist or jaw, glaring looks or refuse to make eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have refused to participate socially due to anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have made swift or harsh judgment statements to or about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Name: _____

Today's Date: _____