



## Instructions for Cooperative Parenting Registration Forms

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. Mandatory fields are outlined in red.
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](mailto:info@bexarfamilysolutions.com)) as an attachment.
7. **NO NOT send photographs of pages**
8. **DO NOT send links to a shared drive** (e.g., Google Drive, Dropbox, Adobe Share, etc.).
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.

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.



*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

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## Cooperative Parenting INTAKE FORM

Date: \_\_\_\_\_ Cause #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Check One:     Court Ordered         Settlement Agreement         Voluntary Participation

Attorney's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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 Parenting

Name: \_\_\_\_\_

Welcome to Bexar Family Solutions' (BFS) Cooperative Parenting education program, offered in collaboration with the Bexar County Juvenile Probation Department and Domestic Relations Office. Cooperative Parenting education is a service designed for parents having difficulty cooperating with each other on matters related to their children after the parents have ended their relationship. Our goals are to help participants:

1. Shift their role from former partner to co-parents;
2. Understand the impact of parental 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 parental conflict decreases;
7. Rebuild their lives as separate individuals;
8. Recognize the importance of the bond between the child and both parents;
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 parental 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. We then schedule an appointment for you to come to our office to fill out some forms. While there, we will have you answer some questions about your experiences since your relationship with the other parent ended and how well you and the other parent are able to communicate about your child(ren). We will also ask you to give us some idea of the level of conflict between you and the other parent, and we will measure the quality of your relationship with the other parent. Next, we will check for any history of domestic violence between you and the other parent. These "assessments," as we call them, will help us measure your progress in the course. Lastly, during your initial interview we will provide you with important information about the course and collect any required supporting documentation.

The *Cooperative Parenting and Divorce* course consists of eight weekly group meetings with other co-parents. Facilitators 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.

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 co-parent may be asked to work with just a facilitator—without any other participants present. This would happen if you or your co-parent:

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).

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.

Initials \_\_\_\_\_

**CLINIC AND STAFF POLICIES:**

*Cooperative Parenting and Divorce* facilitators 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 facilitate cooperative parenting education with both groups and individuals.

While facilitators are licensed mental health professionals, their role is to be your trainer, not your therapist. If you would like therapy, your facilitator 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 facilitator’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, parents are not protected by therapist-client privilege.** As a result, if the Court asks for information about your participation, comments, or behaviors or if a facilitator is compelled by subpoena to provide testimony, nothing can be held in confidence. \_\_\_\_\_ Initial Here

Facilitators 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. Facilitators 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 parents receiving cooperative parenting group classes
- Total number of parents receiving cooperative parenting counseling with individual couples
- Number and percentage of parents 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 parents who showed improvement from their pre- to their post-assessments
- Number and percentage of parents 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 the Bexar County Juvenile Probation Department 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 facilitators. 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 Parenting 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

Initials \_\_\_\_\_

**ATTENDANCE POLICY:**

You must attend all eight sessions of *Cooperative Parenting and Divorce* to complete the course successfully. Your attendance record may be reported to the Court. If you cannot attend a class, you do not need to notify BFS, but you must attend the make-up session on the following scheduled class date between 5:30 and 6:30 PM. You then stay for the regular 6:30-8:30 class after that.

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 in the hour before the next regularly scheduled class.
4. **THIS WILL BE YOUR ONLY OPPORTUNITY TO MAKE UP THE CLASS.**
5. **Other than for make-up classes, IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED CLASS START TIME, OR IF YOU LEAVE MORE THAN 15 MINUTES PRIOR TO THE END OF CLASS, YOU WILL NOT RECEIVE CREDIT FOR THAT SESSION AND IT WILL BE COUNTED AS AN ABSENCE.**
6. 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, if you fail to attend a make-up session, or if you are late by any amount of time to a make-up session. 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.**
7. In order 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.
8. If you are dropped from the class, you fail to begin the course as scheduled, or fail to complete the course, BFS may elect to notify your attorney, the DRO, and the Court.

**Children are not permitted to attend Cooperative Parenting and Divorce classes or wait in our waiting room. BFS does not provide childcare services, so you must make those arrangements on your own.**

**COST:**

The initial meeting (intake session) costs \$75. Each group cooperative parenting session (including make-up sessions) costs \$35.00 per person. Each non-group cooperative parenting session costs \$90.00 per session. Unless otherwise agreed or ordered, when both parents attend a private session, the cost will be split 50%-50%. **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 income—the more you earn, the larger your portion of the fee. Based on the preliminary income information you provided, your fee for the intake appointment 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 MEETING WITH OFFICE STAFF. YOUR FEE MAY ALSO BE ADJUSTED IF YOUR INCOME CHANGES DURING THE COURSE.** Payment is due at the time services are provided. We accept cash and credit/debit cards (Visa/MasterCard/Discover). **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.

**REFUND POLICY**

1. The registration 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:**

Contact with Facilitator outside of regularly-scheduled appointments (excluding routine administrative contact)	\$1.50 per minute
Facilitator’s consultation with other professionals (therapists, etc.)	\$1.50 per minute
Legal matters (deposition, testimony, etc.)	\$200 per hour
Copy of your file	\$20 + \$1.00/page
Copy of your Certificate of Completion	\$6

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

\_\_\_\_\_  
Print Participant’s Name

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date







## Bexar Family Solutions

11230 West Ave., Suite 1203 // San Antonio, Texas 78213-1359  
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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: \_\_\_\_\_