## COMMITMENT

I understand that the Parenting Coordinator cannot change the legal custody status of my child(ren). The role, duties, and limitations of the Parenting Coordinator are as defined in the court's order appointing the Parenting Coordinator.

I understand that I am not the client, nor is my co-parent. I also understand that no therapist-client relationship and/or privilege is created by this stipulation. My participation in parenting coordination is instrumental in improving communication and reducing conflict with my co-parent.

I understand that to subpoen the Parenting Coordinator may require me to change parenting coordinators. Should the Parenting Coordinator be requested by the judge to testify, I understand that she reserves the right to speak in only the best interest of the child(ren).

I agree to maintain a serious commitment to working on my co-parent relationship by maintaining scheduled appointments. I will not interfere in the process by refusing to attend sessions or by frequently rescheduling appointments. I will come to all sessions on time and prepared.

I will take the responsibility of keeping the Parenting Coordinator advised regarding parenting concerns particularly regarding any emergency or safety issues. I will work on making the necessary changes needed to improve the situation for our child(ren).

I agree to limit my telephone contact with the Parenting Coordinator to only emergency situations or scheduled telephone appointments. I understand I may speak with Dr. Marowitz to schedule appointments. I also agree not to unnecessarily involve my attorney.

My signature reflects that I have read and understand this complete document. I will abide by the conditions outlined above.

	PARENT SIGNATURE
DATE	