

**THERAPEUTIC AGREEMENT
CIA ROBLES FLODIN, M.Ed. LMHC**

Most individuals, couples, co-parents and families who seek therapy want to resolve their struggles so they can have happy and fulfilling lives. My purpose is to counsel and support these individuals as they strive toward these goals.

In certain situations this is not possible and some couples find themselves separating, contemplating or in divorce, or in other situations with increasing family conflict. You may already be in such a situation and possibly this is one of the reasons we are meeting. Feelings can become very strong, and sometimes the legal system becomes involved, including custody issues when children are in the picture. **Due to my role of providing support to my clients, it is unethical for me to serve in any capacity that would contradict this role.**

Therefore by signing this form I agree not to request or require Cia Robles Flodin MEd LMHC to participate or become involved in any legal proceeding of any kind, at any time. If the courts require Cia Robles Flodin MEd LMHC to coordinate with a Guardian Ad Litem (GAL) via telephone or in person, I agree to pay a fee of \$250 per hour, to be paid prior to such contact. In the event Cia Robles Flodin MEd LMHC is required and or compelled to attend legal proceedings, I understand and agree I will be charged \$500.00 per hour, with a minimum of four hours paid in full prior to her participation.

I acknowledge Cia's involvement will be to focus on my therapeutic needs and or those of my family.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____