

District Court  <hr/> In re: The Marriage of:  <hr/> Petitioner:  And  Co-Petitioner/Respondent:	<div style="text-align: center; margin-top: 100px;">▲ COURT USE ONLY ▲</div> <hr/> Case Number:  <div style="display: flex; justify-content: space-between;"> <span>Division</span> <span>Courtroom</span> </div>
<b>ORDER FOR REUNIFICATION SERVICES</b>	

**Kristen D. Langbauer, MAC, MBA, LPC** is appointed as the Reunification Therapist and or Court-Ordered Family Therapy for the minor child/children and parents, as listed below:

Child name: _____	DOB: _____
Child name: _____	DOB: _____
Child name: _____	DOB: _____

The parent with the compromised parent/child relationship is:    ☐ Petitioner    ☐ Respondent  
 Name: \_\_\_\_\_

The parent with the favored parent/child relationship is:        ☐ Petitioner    ☐ Respondent  
 Name: \_\_\_\_\_

The Reunification Therapist's fees are: \$250 per 90 minute intake session, \$200 per 50-minute session (\$360 per 90-minute session). These fees are found to be reasonable and are considered in the nature of child support.

Fees will be paid:

_____	100% by Petitioner	
_____	100% by Respondent	
_____	% by Petitioner and _____ % by Respondent, per the Child Support Worksheet	
_____	Other: _____	

The retainer is: \$2,000. Each parent ordered to pay above will pay the same percentage toward the retainer. Any non-paying parties will pay a retainer equal to one 90 min session, as said parent(s) will be responsible for any late cancellations/no shows, according to the Reunification Therapist's policies. Further, the favored parent shall ensure that the child/children attend and participate in family therapy as directed by the Reunification Therapist. The favored parent shall be charged 100% of the fee if the children refuse to reasonably engage in therapy, as assessed by the Reunification Therapist. After the minimum payment contributed by each responsible parent, the retainer balance will be paid according to the above percentages. Also, the document review fee is either \$100 per hour or a \$2,000 flat fee. Each parent ordered to pay above will pay the same percentage toward the document review fee.

The parents are to contact the Reunification Therapist within 10 days of this order to schedule his/her intake appointment. The retainer is to be paid prior to the intake. The Reunification Therapist is to notify the Court if a parent does not schedule an intake within 10 days or if either responsible parent fails to make timely payments, as either of these conditions interferes with the progression of reunification work.

Petitioner and/or Respondent shall sign consents to authorize mutual sharing of information with the other parent, therapists and/or involved professionals as requested by the Reunification Therapist. Consents shall also be signed to allow information exchange with the parties' attorneys, Decision Maker, Arbitrator, other judicial officers and the Court.

Parties should be aware that information, treatment, and services provided during reunification will be shared as needed. Copies of any prior evaluations, CFI report, PRE report, or any other requested documentation/information by the Reunification Therapist shall be provided to the Reunification Therapist.

Both parties understand that neither parent and/or the child(ren) decide whether they are "ready" to start reunification therapy or when to stop it. Children should not be put in a position to make adult decisions. The Reunification Therapist will work with all providers to make the determination whether to start, pause or stop reunification therapy.

**The parties stipulate that each will participate as directed by the Reunification Therapist. The Court may consider sanctions if the caretaking parent delays scheduling of appointments, late cancels or no-shows, or fails to ensure that the child/children attend and participate in therapy as directed by the Reunification Therapist.**

The parties stipulate verbally to the Court or in writing that the reunification process will be reviewed either:

☐ By a Decision Maker

☐ By status conferences with the Court

☐ Other: \_\_\_\_\_

The parties stipulate that the Reunification Therapist may make treatment recommendations to either the Decision Maker or to the Court or other designated supervisor.

Reunification services are completed when:

☐ The Decision Maker determines that termination is appropriate

☐ Further order of the Court

☐ Other: \_\_\_\_\_

If the reunification therapist assesses at any time that continuing either parent's contact with the child is not in the best interest of the child, the Therapist will prepare a written report to be distributed to the parents, attorneys, and either the Decision Maker or the Court.

If at any time the Reunification Therapist determines that an emergency exists that warrants the immediate attention of the Court he/she shall:

☐ Contact the Court directly

☐ Contact the Decision Maker

☐ Advise the parties and or their attorneys

☐ Other: \_\_\_\_\_

Reunification Therapist may/may not (circle one) make decisions to integrate levels of unsupervised time with on-site services/meetings up to \_\_\_\_\_ hours/week.

☐ The Reunification Therapist may be called to testify.

Date: \_\_\_\_\_

\_\_\_\_\_  
District Judge/Magistrate

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### CERTIFICATE OF MAILING

I certify that on \_\_\_\_\_ (date), I mailed, and emailed, faxed, e-filed, or hand-delivered a copy of this Order to the following:

☐ Petitioner

☐ Respondent

County District Court

\_\_\_\_\_  
Clerk