



PARENTING FACILITATION AND COORDINATION

RELEASE OF INFORMATION

Rhonda Cates, in her capacity as a Parenting Facilitator or Parenting Coordinator, may have contact with any individual or professional party deemed necessary to effectively work with your family. I grant Rhonda Cates the right to give and receive information from the persons named on this form. Any additions to this list will require notification prior to making contact.

Name _____ Phone Number _____

| | | |
|-------------|--------|---------------|
| Judge _____ | (____) | _____ |
| Name | County | Court # Phone |

Attorney _____ (____) _____

Guardian ad Litem/Amicus Attorney _____ (____) _____

Social Study Evaluator _____ (____) _____

Psychological Evaluator _____ (____) _____

Psychotherapist _____ (____) _____

Child's Psychotherapist _____ (____) _____

Child's Teacher/School _____ (____) _____

Child's Teacher/School _____ (____) _____

Child's Teacher/School _____ (____) _____

Other _____ (____) _____

Parent Name-Print _____

Parent Signature _____ Date: _____