

## New Ways for Families

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**FILL IN YOUR INFORMATION ONLY**

Court cause no \_\_\_\_\_ Judge ordering \_\_\_\_\_ County \_\_\_\_\_  
Marriage date \_\_\_\_\_ Date of separation \_\_\_\_\_ / divorce \_\_\_\_\_  
Date ordered \_\_\_\_\_ Next scheduled hearing date \_\_\_\_\_

**MOTHER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone [H] \_\_\_\_\_ [W] \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**FATHER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone [H] \_\_\_\_\_ [W] \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**MOTHER'S Attorney:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Father's Attorney:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**CHILD/REN:**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ With whom primarily residing \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD/REN'S Attorney/s:**

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**OTHER PARTY:** \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**LEGAL DECISIONS PENDING:** \_\_\_ Pre-divorce OR \_\_\_ Post-divorce OR \_\_\_ Never married

\_\_\_\_\_  
Dissolution of marriage \_\_\_\_\_  
Spousal maintenance: \_\_\_\_\_  
Property settlement: \_\_\_\_\_  
Child support: \_\_\_\_\_  
Conservatorship: \_\_\_\_\_  
Parent to establish primary residence: \_\_\_\_\_  
Parental access: \_\_\_\_\_  
Relocation: \_\_\_\_\_  
Modification: \_\_\_\_\_  
Enforcement: \_\_\_\_\_

Is a Protective Order in place: \_\_\_ yes \_\_\_ no

## New Ways Therapy Contract

My role as your New Ways Parent Therapist will be to facilitate an exploratory process enabling you to evaluate your current situation, recognize your strengths, and help you discover what is preventing you from using those strengths to become the co-parent/parent you want to be. This process involves an examination of your current state of affairs. The New Ways process involves *six distinctive working stages, constituting six sessions*, from the initial session to the conclusion and termination of services, each of which contains therapeutic value.

As your New Ways therapist, I will play a supportive role in guiding you through the progression of each stage. You can expect an atmosphere of respect at all times. You should know that I view the counseling relationship as a collaborative effort between the client and counselor. Therapeutic gains do not typically arise spontaneously, nor will your circumstances improve without a genuine effort on your part. As a client, it is within your right to participate in the process of setting goals and planning your therapeutic treatment.

As your counselor, I am legally bound to take action and / or make disclosures any time it is deemed necessary for the protection of life. Disclosure of counseling information will be required in situations in which (1) I determine that you are a danger to yourself or others, (2) I become aware that there is neglect or abuse (whether physical or sexual) involving a child or an aged adult.

Fees are considered part of your therapy: You are responsible for payment of your fee (made payable directly to me) by cash or personal check at the time of service. Current fees are outlined as follows: \$90 for each 50-minute individual session

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If you arrive late for your scheduled session, that session will be shortened by the amount of time that you are late. In the event that you are unable to keep a scheduled appointment, you will be required to provide a minimum 24-hour advanced notification. Failure to do so will result in a \$90 cancellation fee that must be paid prior to your next regularly scheduled appointment. You are required to provide credit or debit card information for the purpose of charging fees for missed appointments or cancellations with less than 24-hour notice.

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Please provide the appropriate information in the space below and know that your information will be maintained in confidence and used solely for the purpose of charging missed session / cancellation fees.

Visa  Master Card  Disc # \_\_\_\_\_ Exp. \_\_\_\_ / \_\_\_\_

Three digit code: \_\_\_\_\_ Zip Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

