FATHER 15th JUDICIAL DISTRICT COURT

VERSUS DOCKET NO.

MOTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, LOUISIANA

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**ORDER FOR RECONCILIATION COUNSELING AND SETTING REVIEW HEARING**

 This matter came to be heard on, on a rule for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ filed by FATHER against MOTHER.

 Present in Open Court were: FATHER and his attorney, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/self-represented; and MOTHER and her attorney, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ self-represented.

 After hearing the stipulation of the parties, the law and stipulation being in favor thereof,

 IT IS ORDERED that in consideration of the stipulation herein, the rule for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is passed at this time.

 IT IS FURTHER ORDERED that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter “mental health professional”) is hereby appointed as the court’s expert to immediately commence reconciliation counseling with the minor children, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and their FATHER/MOTHER, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. These counseling sessions shall occur at least \_\_\_\_\_ times monthly or as otherwise recommended by the mental health professional or further orders of the Court.

 IT IS FURTHER ORDERED that FATHER, MOTHER and the minor children shall submit to and cooperate in the counseling with the mental health professional, and that the parties shall sign any releases requested by him/her to gather information, which he/she reasonably believes is necessary for the counseling process to include the following \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (children’s therapist, custody evaluator, school officials, etc.).

 IT IS FURTHER ORDERED that, in the event the mental health professional determines that it is necessary or beneficial to interview individuals other than the minor children and the parents (such as stepparent, stepsibling, grandparent, etc.) or to include them in the counseling process, said mental health professional shall notify the Court, the attorneys and any self-represented parties of said recommendation and shall request authorization to interview specific individuals or include them in the counseling process.

 IT IS FURTHER ORDERED that, if they have not already done so, FATHER and MOTHER shall contact the mental health professional at the telephone number attached hereto as soon as possible, but in no event later than five (5) days following mailing of this Order by the Lafayette Parish Clerk of Court, to coordinate the scheduling of the counseling sessions.

IT IS FURTHER ORDERED that the mental health professional shall provide written monthly reports to the Court and to the attorneys and any self-represented party at the addresses set forth below detailing the progress of the counseling and the cooperation and compliance of the parties. The parties shall not share the report with third parties, unless court permission is obtained. Most importantly, the parties shall not discuss, show or read the report to the minor children in this case.

 IT IS FURTHER ORDERED that the parties shall each pay for their own sessions with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall pay the cost of the children’s sessions with the total cost of the counseling to be assessed against the parties in such proportions, as the court deems appropriate at the hearing on custody/visitation.

 IT IS FURTHER ORDERED that the mental health professional, the parties and attorneys shall appear at a review **hearing on** **the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_ at \_\_\_\_:\_\_\_\_ \_\_\_\_\_.m.** *(typically in 90 to 120 days)* to determine the progress of the reconciliation counseling and whether it is appropriate to modify the current visitation or custodial periods. The mental health professional may be placed on standby by contacting the Chambers of the undersigned Judge in advance.

 IT IS FURTHER ORDERED that the Clerk of Court shall send a certified copy of this Order to the mental health professional and the parties through their attorneys of record or to any self-represented party at the addresses indicated below.

SIGNED IN CHAMBERS at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Louisiana, this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

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

 DAVID A. BLANCHET

 DISTRICT JUDGE - DIVISION “H”

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plaintiff/Counsel for Plaintiff Defendant/Counsel for Defendant**

**Presiding Judge: Mental Health Professional:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plaintiff: Defendant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counsel for Plaintiff: Counsel for Defendant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facsimile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CLERK:

Please Mail a certified copy of this Order to the Mental Health Professional

*And*

Notice and a certified copy of this Order to all attorneys and any self-represented party