

APPOINTMENT OF KEIRSTEN J. ROATH AS PARENTING COORDINATOR
RELEASE OF INFORMATION

As part of the court's appointment of a parenting coordinator, or the stipulation made between my co-parent and me, **Keirsten J. Roath** may have contact with any individual or professional party she deems necessary to effectively work with our family. I understand that the process of parenting coordination is not a confidential process. Therefore, I grant **Keirsten J. Roath** the right to add names to this form after my signature as long as she allows me to review the additions **prior** to making contact.

I understand that this release is in effect until the court removes us from the program or we are assigned to another parent coordinator. In the case of a transfer to another Parenting Coordinator, I give **Keirsten J. Roath** permission to release and/or copy all of our records to the next Parenting Coordinator and to bill us up to one hour for a consultation with the new coordinator.

Honorable Judge	_____	(____)	_____
Attorney	_____	(____)	_____
Guardian ad Litem	_____	(____)	_____
Custody Evaluator	_____	(____)	_____
Psychotherapist	_____	(____)	_____
Child's Psychotherapist	_____	(____)	_____
Child's Teacher/School	_____	(____)	_____
Other	_____	(____)	_____
	_____	(____)	_____

_____	_____
Parent Name-Print	Witness
_____	_____
Parent Name-Signature	Date