

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Petitioner
vs

Respondent

Case No: _____
Division: _____

ORDER OF REFERRAL FOR PROGRAMS AT f.a.c.e.s

The above cause came to be heard on this _____ day of _____, 20____, and there are children at issue whose lives will be affected by these proceedings, and resolution of issues involving said children is in the children's best interest. Therefore, pursuant to Chapters 61 and, 742, of the Florida Statutes,

THE ABOVE REFERENCED PARTY(S) IS/ARE ORDERED TO CONTACT:

f.a.c.e.s. (Family and Coparenting Enrichment Services)

1107 SE 4th Avenue, Ft. Lauderdale FL 33316 / 954-954-773-2237/ www.faces.family / register@faces.family

- Coparenting: _____ Private Sessions** (12 minimum) Mother/Father (circle one or both) _____ **or Therapeutically Indicated.** Mother/Father (circle one or both). A **minimum** of 12 private sessions or as determined by f.a.c.e.s. is required for completion/pass. *Fees of \$184 per session.*
- Coparenting: _____ Classes** (10 minimum), _____ **or Therapeutically Indicated.** **Both parents shall attend together.** A **minimum** of 8 group sessions and 2 private sessions is required. Parents must demonstrate coparenting skills learned in program for completion/pass. *Fees of \$77 per session. (Sliding scale available based on income determined by court)*
- Parenting:** Mother/Father (circle one or both) _____ (12-16 minimum) or _____ *Nurturing Parent Curriculum or No Drama Discipline Curriculum Tailored to Individual Needs. Fees of \$184 per session.*
- Supervised Visitation** or **Therapeutic Supervised Visitation.** *Fees of \$77 per hour on-site and off-site locations. Travel cost added for off-site locations. Therapeutic Supervised Visitation \$120 per hour on site, travel cost added for off-site locations.*
- Monitored Exchanges.** *Fee of \$55 per exchange on-site and off-site plus additional fee for out-of-county travel.*
- Individual Therapy** Mother/Father (circle one or both), and/or _____ **Family Therapy.** Mother/Father (circle one or both). *Fee of \$184 per session. List child(ren) who must attend therapy: _____*
- Anger Management Program.** Mother/Father (circle one or both). (Evidenced based SAMHSA Model). *Fee of \$184 per session. Standard program length 12 weeks*
- Restoring Family Relations.** Mother/Father (circle one or both). *Fee of \$184 per session. List child(ren) who must attend reunification sessions: _____*
- Evaluations:** **Comprehensive Psychological,** **Bio-Psycho-Social,** **Substance Abuse,** **Psychosexual,** **Risk (to child/children),** **Ability to Parent Assessment,** **Mental Health Assessment,** **Danger Assessment.** *Fee based on individual needs*

It is therefore **ORDERED:**

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- Within [5 days or [] days** (as determined by the Court), The **party(s) shall contact/register** with **f.a.c.e.s.** www.faces.family and enroll in and thereafter without delay, complete the following programs checked above.
 - The **parties shall provide** copies of all pleadings and orders related to domestic violence and any other pleadings and orders requested, related to the order of referral. Staff shall determine the schedule for subsequent appointments.
 - Party(s) Shall complete** the program/services ordered herein within 60 days or [] days (as determined by the court) and shall file proof of the party(s) completion of the ordered program to the Clerk of the Circuit Court or documentation of enrollment and placement on a waiting list.
 - The parties shall pay the total fee for the services as follows:
 - _____ % Petitioner _____ % Respondent. Unless otherwise agreed to by the parties. The Court reserves jurisdiction to reapportion the costs of this program and may require any non-complying party to assume full responsibility for all the costs."

Additional Judicial Instructions: _____

Except for Individual/Family Therapy, and RFR, all statements and/or disclosures made to f.a.c.e.s., whether deemed relevant or not to the overall purpose of this referral, are not confidential and consequently may be reported to the referring court. Individual/Family Therapy and RFR sessions are privileged and confidential absent express waiver in writing by the individual being counseled or by Order of Court. A summary report is sent for RFR program.

This is a Court Order; failure to successfully comply with this Order may result in the non-complying party being ordered to repeat this program or pay for the other parties' program or and possibly being held in CONTEMPT of Court. Failure to successfully complete this program will be a factor in determining ultimate timesharing/responsibility under the factors enumerated in Florida Statute 61.13."

DONE AND ORDERED in chambers at Broward County, Florida this _____, day of _____, 20 _____.

Circuit Judge/Honorable

History of Domestic Violence. Based on testimony and evidence presented and a review of related court records, the court has determined:

(Choose all that apply)

- There is no history of domestic violence.
- There is a history of domestic violence, and:
- Each party has consented to this referral and the consent has been given freely and voluntarily.

(Please check ONE) Sliding scale fees apply only to CoParenting classes and not supervised visitation.

- The parties have filed financial affidavits in this cause, and the court determines that for purposes of this order only that the parties are not indigent and either or both are able to afford to pay the fees determined by **f.a.c.e.s.**
- The parties combined annual gross income is \$50,000 or less. The cost of the services provided by **f.a.c.e.s.** shall be fifty percent (50%) of the fees above.
- The parties combined annual gross income is more than \$50,000 but less than \$100,000 The cost of the services provided by the **f.a.c.e.s.** shall be seventy-five percent (75%) of the fees above.
- Based upon the financial affidavits filed in this case, the Court determines for the purposes of this order only that one or both of the parties are indigent based on the factors in Fla. Stat. §57.082 and not able to pay the normal fees. The parties may be placed on a waiting list for services and be contacted when a free service is available (Parties are responsible for payment of the workbook).

c.c.

Petitioner Attorney:

Respondent Attorney:

f.a.c.e.s. (Family and Coparenting Enrichment Services) – register@faces.family

12-2025