

[Law Firm Name]
[Attorney Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Counselor/Agency Name]
[Address]
[City, State, Zip Code]

RE: Referral for Co-Parenting Counseling

Parties: [Client Name] and [Opposing Party Name]

Case Number: [Court Case Number, if applicable]

Dear [Counselor Name],

I represent [Client Name] in a domestic relations matter involving [Opposing Party Name]. Our office is formally referring these parties to your care for professional co-parenting counseling.

The primary objectives for this referral include:

- Improving communication protocols between the parents.
- Developing a functional dispute resolution process.
- Reducing conflict to prioritize the best interests of the children: [Children's Names and Ages].
- Aligning parenting styles and household rules.

Please note that this referral is [voluntary / court-ordered]. We request that you notify our office once the initial intake has been completed by both parties. If a release of information is signed, we would appreciate periodic updates regarding their attendance and general progress.

The parties have been instructed to contact your office directly to schedule their respective intake appointments. Please let us know if you require any specific court orders or background documentation prior to the first session.

Thank you for your assistance in this matter.

Sincerely,

[Attorney Signature]

[Printed Attorney Name]