

Date: [Insert Date]

To: [Counselor/Therapist Name]

[Clinic/Practice Name]

[Address]

Re: Referral for Amicable Separation Counseling

Dear [Counselor Name],

I am writing to formally refer [Client Name 1] and [Client Name 2] for professional counseling services to assist them through the process of an amicable separation.

The clients have mutually decided to end their relationship and are seeking a structured environment to navigate this transition. Their primary goals for these sessions include:

- Maintaining respectful communication throughout the separation.
- Establishing clear boundaries and expectations for the future.
- [Optional: Developing a healthy co-parenting plan for their children].
- Processing the emotional impact of the separation in a constructive manner.

Both parties are committed to a non-adversarial process and wish to conclude their partnership with dignity and minimal conflict. They believe your expertise in [Relationship Counseling/Mediation/Transition Therapy] will provide the necessary support to achieve this outcome.

Please contact the clients directly at the information provided below to schedule an initial consultation:

[Client Name 1]: [Phone Number / Email]

[Client Name 2]: [Phone Number / Email]

Thank you for your time and professional assistance.

Sincerely,

[Your Name]

[Your Title/Organization]

[Your Phone Number]