



Family Tree Services

OVERVIEW

STATEWIDE

Mediation:

Free mediation services, to help parents resolve conflicts and promote compromise to resolve custody, care and visitation issues between parents of minor children provided by a licensed clinical social worker, trained in mediation. Both voluntary and court mandated referrals accepted. A WCLC attorney will be available to co-facilitate as needed to ensure agreements meet legal requirements when necessary.

Development of Parenting Plan:

Provide individualized parent education for parents of minor children aimed at reducing parental conflict and promoting contact with children to assist with developing well thought out parenting plans that will serve the child(ren)'s best interests.

Parent Counseling:

Services, provided by a Licensed Clinical Social Worker, to help parents work through their inter-personal conflicts by focusing on the best interest of the child and the importance of shared parenting; desired results include reduced parental conflict, increased NCP access to his or her children; and/or an improvement in co-parenting relationships.

Parent Education:

Provide individualized parent education for parents of minor children aimed at reducing parental conflict and promoting contact with children to assist with developing well thought out parenting plans that will serve the child(ren)'s best interests.

These services will be provided via phone or video conference for families located outside Albany County

ALBANY COUNTY ONLY

Neutral Visitation Exchanges: For high-conflict parents and their children we provide a safe, neutral environment for the exchange of a child from one parent to another.

Supervised Visitation: Monitored, therapeutic, or supervised visitation services for a noncustodial parent when necessary to ensure the safety and well-being of the child.

These services are provided at our downtown location of 112 S. 5th St. Laramie, WY 82070.



Family Tree Services REQUEST FOR SERVICE

TODAY'S DATE: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____ DOB _____

CONTACT INFORMATION:

Ok to leave message?

HOME: (____) _____ - _____

YES NO

WORK: (____) _____ - _____

YES NO

CELL/OTHER: (____) _____ - _____

YES NO

E-MAIL ADDRESS: _____

What Services are you requesting? (See service descriptions on cover page)

_____ MEDIATION

_____ PARENTING PLAN DEVELOP

_____ PARENT COUNSELING

_____ EDUCATION

ALBANY COUNTY:

_____ SAFE EXCHANGES

_____ SUPERVISED VISITATIONS

Tell us more about your situation and need:

Are You the CUSTODIAL PARENT _____ or NON-CUSTODIAL PARENT _____

Or OTHER _____ (i.e. GRANDPARENT, GUARDIAN or CUSTODIAN)

If you have an attorney – what is your ATTORNEY'S NAME: _____

NAME OF OTHER PARENT(S) or CUSTODIAN(S): _____

CONTACT INFORMATION _____

Demographic information requested by funder for statistical purposes only:

Annual INCOME in Thousands: _____ # of Children in Common: _____

MARITAL STATUS: _____ NEVER MARRIED _____ MARRIED _____ SEPARATED

_____ DIVORCED _____ WIDOWED

RACE/ETHNICITY: _____

REFERRED by: _____

DO YOU HAVE A DISABILITY? ___ YES ___ NO – Accommodations? _____

Open Court case? ___ YES ___ NO

Open child support case: ___ YES ___ NO