

DATE:

TO: _____, Petitioner
_____, Attorney for Petitioner
_____, Respondent
_____, Attorney for Respondent

FROM: _____, SENE Provider
_____, SENE Provider

RE: Social Early Neutral Evaluation Appointment

You have been scheduled to meet with us for a Social Early Neutral Evaluation (SENE) on:

(Day, Month, Year, Time), at (Address).

Petitioner, Respondent, and their attorneys, if they have any, must attend the session and be available to meet for at least four (4) hours.

Please do not bring friends, children, or other family members as they will not be included in the session. Also, there is no supervision of children available, so you must make child care arrangements for young children. However, it would be helpful for you to bring a few pictures of your children for the SENE team providers to see.

Attorneys and/or pro se parties should come prepared to describe and explain what each party wants regarding custody and/or parenting time and why they believe their plan is in the best interest of the child(ren).

Fees:

_____ shall pay _____ for the initial 4-hour evaluation. _____ shall pay _____ for the initial 4-hour evaluation. These payments shall be made prior to or at the initial evaluation session, but must be paid *prior to the commencement* of the evaluation. If additional evaluation time is necessary, _____ shall pay _____ per hour and _____ shall pay _____ per hour for the Social Early Neutral Evaluation Providers' services. Fees for additional provider hours shall be paid at the conclusion of each session. Payment shall be made by Cash, Money Order, or Bank Check; personal checks will not be accepted.

Documents:

The following documents must be provided to us at least two (2) business days prior to your initial 4-hour evaluation [examples of things providers may request]:

- Your Initial Case Management Data Sheet (completed)

- The enclosed Intake Form (completed) [Providers should create their own based on info. they find necessary/helpful to have in advance, if any.]
- A copy of the Petition/Motion that was filed with the court for this case

These documents should be mailed/mailed to:

Attn: _____

Address: _____

at least two (2) business days prior to your initial 4-hour evaluation.

Providers:

These are your assigned SENE providers. Please do not contact them unless an emergency arises and you are unable to attend the SENE session as scheduled.

(Provider's Name), (phone number)

(Provider's Name), (phone number)

We are looking forward to assisting you in resolving your issues regarding your child(ren).

Encl.