

Court-Counselee/Counselor Memorandum of Understanding
Your Best Life Now Counseling
1122 S. Dixie Highway
Radcliff KY 40160
270-307-0111

To Whom It May Concern and to all appointed or involved with the court case(s) of the counselee(s) referenced in this memorandum of understanding.

This Memorandum of Understanding (MOU) sets forth the terms and understanding between the Counselee(s) _____ , _____ ,

_____, _____ , _____ ,
_____, _____ , Joshua's Friends for
Exceptional Families Inc./ Your Best Life Now Counseling and all parties legally involved in the court case(s) concerning the above stated counselee's.

This Memorandum of understanding sole purpose is to provide clarification for all parties who have a legal right to be involved in the above stated counselee(s)/counselor(s) sessions so long as the counselee(s) shall have open files at our office; upon termination of counseling with said counselees this memorandum of understanding becomes nonbinding for all involved parties.

This Memorandum of understanding creates collaboration and cooperation between all appointed or legally involved parties as it concerns the above stated counselee(s)/counselor(s) and their relevant court cases. Let everyone who enters this agreement understand that all counseling at Joshua's Friends/Your Best Life Now Counseling is Pastoral/Christian Counseling. Dr. T. James Kimble is a Clinically Licensed Pastoral Counselor and Temperament Therapist with advance certifications in family trauma and cognitive behavior therapy. We are not a state licensed counseling practice and do not offer state licensed counselor(s). We respectively request, for the expediency of all parties involved, that everyone understands the nature of the above stated counselee(s)/counselor(s) relationship. The Pastor/Penitent relationship provides confidentiality privileges protected by state law and are different than state licensed counselors. Furthermore, in past counseling cases our counseling notes and testimony have been rendered inadmissible in court and apparently considered religious in nature. This understanding is intended to empower everyone involved to make informed decisions that meet the current counseling needs of the above stated counselee(s).

This Memorandum of understanding provides informed consent for counselee(s) and all parties who have a legal right to be involved to determine whether counseling services at Joshua's Friends/Your Best Life Now Counseling are appropriate at this time; considering current court involvement and requirements our counseling sessions may not be contributory toward. All concerned parties are requested to carefully review and agree to provide informed consent for the above stated counselee(s) to fulfill their counseling requirements and needs respectively and without interruption; as well as understanding and permitting the pastoral/penitent relationship to be honored where applicable. This is not a legal document but a mutual agreement and understanding being entered into by various agencies in order to serve the best interest of the above stated counselee(s). Providing inter-agency cooperation, fostering stronger family care, sustainable clinical pastoral supports and contributing to more positive outcomes and healthy familial transformations at all levels of involvement.

By signing below you and or your organization are agreeing to mutually participate in the above understanding and to allow the counselee(s) respectively and without interruption to receive, attend and complete their counseling agreements at Joshua's Friends/Your Best Life Now Counseling with Dr. T. James Kimble D.C.C., L.C.P.C. Thank you for your careful cooperation. Together we can empower families to live beyond disabilities and traumatic life issues.

In their service,

Dr. T. James Kimble D.C.C., L.C.P.C.

Joshua's Friends for Exceptional Families Inc.

Your Best Life Now Counseling

Court, Counselee(s), Counselor Understanding Partners:

Understanding Partner Information:

1. Partner Name:

Partner Organization:

Position:

Address:

Telephone:

Fax:

E-mail:

2. Partner Name:

Partner Organization:

Position:

Address:

Telephone:

Fax:

E-mail:

3. Partner Name:

Partner Organization:

Position:

Address:

Telephone:

Fax:

E-mail:

4. Partner Name:

Partner Organization:

Position:

Address:

Telephone:

Fax:

E-mail:

5. Partner Name:

Partner Organization:

Position:

Address:

Telephone:

Fax:

E-mail: