

Child and Family Counseling Group

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Collaborative Process Consent Form

I, _____ request and authorize _____
to exchange information with the following professionals to better facilitate the Collaborative
Divorce Process. It is my understanding that information may be exchanged via phone, fax,
and/or email. If not previously revoked, this consent will terminate on _____.

Attorney Phone number

Child Specialist Phone number

Financial Specialist Phone number

Divorce Coach Phone number

Accountant Phone number

Other Phone number

Printed Name

Signature Date