



First Coast Family Solutions

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INFORMED CONSENT TO COURT-RELATED EVALUATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read the entire document. Signing this document confirms that you understand the procedures to be used in the evaluation and will abide by them.

This agreement is between Susan P. Pniewski, and _____ (parent).

I understand that the custody evaluation will usually consist of:

1. Interviews of parents, jointly.
2. Completion of a detailed questionnaire by each parent and adult members of the household.
3. Interviews of each parent and any step-parents or significant others, alone.
4. Interviews of each child alone (usually for children five and older).
5. Possible Psychological testing of both parents and step-parents or significant others.
6. Information collection about the child(ren) and/or testing of the child(ren).
7. Observations of each parent interacting with the children in their home.
8. Review of documents provided by parents, as well as court documents, Division of Children and Family Services documents, school records, mental or medical records that may be relevant and any other documents that may be relevant.
9. Interviews (usually via telephone) with witnesses identified as having useful input, such as neighbors, physicians, therapists, employers, teachers, etc. The Evaluator will determine who to contact based on the need for the information they may offer, and their inherent bias, with a preference for less biased sources.
10. Random alcohol or drug testing may be requested by the Evaluator, if the need is suggested.
11. Criminal background report may be requested.

I understand that there is no confidentiality for any participants in this evaluation. All information collected during the evaluation will be noted, and included in the report, if it is relevant to the scope of this evaluation.

I understand that I must sign release forms that will allow other professionals to communicate information to the Evaluator. Included are psychotherapists, physicians, teachers, school officials, and law enforcement agencies, among others.

I understand that by signing this agreement, I give the Evaluator permission to communicate information to the attorneys, the other parties in this dispute, any guardian ad litem, the court, and other professionals who have a need to know. This communication can be in the form of reports, testimony at deposition or in court, or informal communications. Collaterals contacted for interview will not be given detailed information, beyond that necessary to conduct the interview.

I understand that I may not receive the feedback about my performance on tests and interviews that is customary in therapeutic evaluations.

I understand that by signing this document, I agree to provide all documents requested by the Evaluator,

including medical records, mental health records, mental health evaluations, school records, court documents, and police reports. I understand that any document, tape or video recording or other material I submit will not be returned.

I understand that the Evaluator will not review illegally obtained information, no matter how important it may seem to the evaluation.

I understand that it is important that I keep my scheduled appointments and that missed appointments will be billed at \$150.00 if a cancellation is not received a minimum of 24 hours in advance, barring any emergency (emergencies must provide documentation).

I understand that no appointments will be scheduled and the case will not progress unless the payments are made on schedule. I also understand that delinquent payment that significantly delays the evaluation process will be reported to the court.

I understand that the Evaluator will not release the final evaluation report until the account is paid in full and in compliance with the terms of the financial agreement. The Custody Evaluation Report will only be released to the attorneys, pro se parties, and the Court.

I understand that I could decide to settle with the other parent at any time during the evaluation. I am aware that in the case of a settlement, the Evaluator will retain the work completed for seven years, however, all deposits made are non-refundable.

I understand that if the Evaluator's testimony is requested at hearing, trial or deposition, I will pay in advance (at the time of subpoena or scheduling) for her preparation time (1 hour) and for the time the Evaluator will be out of his office to testify, including waiting time (minimum 2 hours). This will be billed as outlined in the payment agreement.

I have read the above, had the opportunity to discuss all provisions with my attorney, and I agree to proceed with the custody evaluation as described. I am also agreeing to these conditions for my minor children.

Susan Pniewski, Esquire FCE

Signature of Father

Signature of Mother