
Cecilia Powers, LCSW-S
Court Ordered Child Custody and Adoption Evaluations

Parent / Co-Parent Names: _____

Cause No. _____

Child/Children: _____

I, the undersigned, understand that the court has ordered a child custody evaluation regarding the above-named child or children, conducted and prepared by Cecilia Powers, LCSW-S.

I further understand that meetings and interviews with Ms. Powers are for the purpose of gathering information to provide to the court. The information will be part of the process the court and parties will use in making decisions in the best interest of the child or children involved.

No information gathered by Ms. Powers, including any conversation with parties, children, or collateral sources is confidential or protected by any privilege. Information provided by parties may be shared with others involved in the evaluation so that verification of information provided can be sought and so that others are afforded the opportunity to respond to allegations that may have been made.

The number one thing that you can do to help yourself during the process is to be honest and cooperative. Any dishonest or inaccurate information that you report will not help your case. Clearly, as in any occasion where people are not in agreement, you and the other parent may have different perceptions of events. This is understandable and something to be expected in a child custody dispute. However, we are required to verify, to the extent possible, statements of fact that are pertinent to the evaluation. As part of this process, each of the parents is asked to voice their concerns regarding the other parent and respond to that parent's concerns regarding them. Any untrue or inaccurate information is likely to be challenged by the other parent. You will be best served by communicating openly and truthfully so that an accurate assessment as possible can be made.

I understand Ms. Powers will attempt to obtain all relevant information from all sources needed to address the issues before the court. She may confer, for the purpose of the court-ordered child custody evaluation with mental health professionals, doctors of medicine, education and child care personnel, personal references, governmental entities, attorneys of record, and such other persons as have or need information directly related to the process as necessary for the evaluation.

I understand that at times, Ms. Powers may conduct a web search as to myself or others who may have contact with the children. If I have concerns or questions regarding this practice, I will discuss this with Ms. Powers. I understand Ms. Powers does not accept friend requests from current or former

clients on social networking sites, such as Facebook or Instagram. Such practice could compromise privacy and confidentiality. Therefore, Ms. Powers requests that clients not communicate via any interactive or social networking websites or messaging apps.

I understand and acknowledge that Ms. Powers will use her professional discretion in making any and all decisions regarding who must be contacted, how extensive those contacts will be, and what information should be obtained and reviewed. I recognize this includes a review of any previous social study evaluations, custody evaluations or home studies if such reports exist.

I give permission for information to be provided by Ms. Powers and to Ms. Powers through the electronic process of email and cell phone text.

I understand, that although I may be providing payment to Ms. Powers, she is working for the court, under court appointment, and the outcome of the evaluation may or may not favor my position or be something that I am in agreement with. I understand that I may refuse to participate in the evaluation, and I acknowledge that the nature and extent of the consequences of any refusal to participate should be discussed with legal counsel.

At the conclusion of the child custody evaluation, the report will be filed with the Judge and a copy will be provided to each attorney of record.

The base fee for the child custody evaluation does not include fees for testimony. If Ms. Powers is requested by any attorney of record or party, for a court appearance or deposition, there will be an additional fee.

In addition, I understand I will be responsible for any fees for the production of records if requested by an attorney of record to be taken to any court appearance or deposition. The fee for the production of records will be per page.

I understand Ms. Powers may be required to disclose situations where clients are a danger to themselves or someone else; abuse, neglect, or exploitation of a child, elderly, or disabled person; or as otherwise required by law.

After reading this form thoroughly, sign and date. If you do not understand any part, contact Cecilia Powers, LCSW-S #59137.

Signed this _____ day of _____, 20____

Printed Name

Signature