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

CHILD CUSTODY EVALUATION ADVISEMENT FORM

Parent / Co-Parent Names: _____

Children's Names: _____

I, the undersigned, understand that the Court has appointed Cecilia Powers, LCSW-S to conduct a Child Custody Evaluation regarding the above-named child or children. Cecilia Powers, LCSW-S will be referred to as the "Evaluator". I understand the particular individual named to conduct the evaluation has been designated by the Court and/or a formal agreement of the parties.

I further understand that meetings and interviews with the Evaluator are for the purpose of assisting the Court and the parties involved in making decisions in the best interest of the child or children involved. I acknowledge that the evaluation is intended to be thorough, objective, independent, and in conformity with recognized best practices at the time this evaluation is conducted, as appropriate to the specific situations of this case.

I understand that the Evaluator will attempt to obtain all relevant information from all sources needed to address the issues before the Court. I understand and acknowledge that the Evaluator will use their professional discretion in making any and all decisions regarding who must be contacted, how extensive those contacts will be, and what information shall be obtained and reviewed. I understand it is my responsibility to review any documents I sent to the Evaluator with my attorney. I recognize this includes a review of any previous evaluations or home studies if such reports exist.

I understand that although I may be providing payment to the Evaluator, 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 recognize 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.

I understand that there is no audio or video recording of the Evaluator during any interviews with adults or children, while in the home, or at any other time for any purpose.

RETAINER:

I understand that a retainer for the full fee of the evaluation is due in advance. The Court may order each participant to pay an equal share of the fees, assign one participant to pay the total fee for the evaluation or order a disproportionate split of the fees for the evaluation. At least half of the retainer must be paid prior to scheduling the first interview and the remainder must be paid at or before the

first interview. Payment may be made by Zelle, money order, check, or cash. Credit card payments will have an additional 3% service fee. Check or money order may be made out to Cecilia Powers, LCSW-S. I understand that this retainer may be increased based on additional individuals to be interviewed, the necessity of extensive records review, or other case-specific factors and that any additional retainer amount is due upon billing and prior to submission of the report to the Court.

FEES:

I understand that a completed evaluation is billed at a flat rate. This base rate covers interviews of up to five persons (adults and/or children) involved in the case. There is an additional charge per party for each additional person to be interviewed beyond the first five.

The base rate also covers the collection of standard collateral information, review of basic documentation, and completion of a report to the Court. It does not cover review of depositions, review of Child Protective Services records, or other substantial records review over one hour in length per party. It does not cover any administrative or other hearings related to this case. It does not cover fees related to receiving records. These fees will be invoiced to each party equally. The evaluation will not be filed with the Court until these fees are paid in full. Unless otherwise specified, such additional work is billed in quarter-hour increments based on the standard hourly rate as noted below:

Base Rate (per party)	Additional Interview Charge (per party)	Standard Hourly Rate for Evaluations
\$1500.00	\$75.00	\$125.00

Unless otherwise specifically ordered by the Court, fees for services will be split between the parties. Should the case settle or my services otherwise terminate prior to the completion of a report to the court, refunds will be issued based on actual time worked on the case, billed at the standard hourly rate, with all administrative time spent billed at the hourly rate. Refunds will be issued only if there is a remaining retainer on account for the case and then only up to the amount of the retainer on account. These refunds need to be requested within 90 days. Should one side fail to provide full payment, issues of reimbursement may have to be addressed to the Court.

Payments can be made by Zelle, money order, check, credit card, or cash. Credit card payments will have an additional 3% service fee. Money orders or checks can be made out to "Cecilia Powers, LCSW-S" and sent to P.O. Box 911456, Sherman, TX 75091. Zelle payments can be sent to ceciliapowers.lcsw@gmail.com or cecilia@texomafamilyandcourtservices.com. Returned checks will be charged the maximum fee allowable by law. I understand that I am responsible for any and all fees incurred by the Evaluator in relation to the case, and any and all work done by the Evaluator in relation to the case.

OTHER COSTS:

I understand that each of the parties will be responsible for any fees for the production of third-party records or other information related to the evaluation. I understand that if this case settles, costs for postage, copying of records, and other administrative costs will be deducted from the retainer. I

acknowledge that time in administrative tasks is billed at the standard hourly rate and that copies of records produced by Cecilia Powers, LCSW-S are billed at the same fee as charged by the Grayson County District Clerk's Office. Additionally, I understand cancellation of any appointment with less than 72- hours' notice will incur a one-hour service fee. After the report is filed, any updates that are ordered will be billed at the standard hourly rate with a minimum of a four-hour retainer due in advance. After a final report is made to the Court, I will not have further direct contact with the parties unless the Court orders an update to be conducted.

COURT APPEARANCES:

I understand that if my attorney or I request a court appearance, deposition, or participation in any type of settlement conference with the Evaluator, an additional fee of \$250.00 per hour will be charged, with a minimum charge of four hours for personal appearances. Additionally, there are travel fees for areas outside of Grayson, Cooke, and Fannin Counties. Such fees are due at least two weeks before the scheduled appearance and are non-refundable within one week of the scheduled appearance, as Cecilia Powers, LCSW-S, must clear her schedule whether the hearing occurs or not. Please note: If an appearance request is received with less than two weeks' notice but more than one week's notice, the appearance fee is due immediately, and an additional \$500.00 express charge will be applied. Cecilia Powers, LCSW-S, is unable to appear at court with less than one week's notice due to scheduling conflicts. I acknowledge by signing this document that failure to provide the specified fee constitutes a release from the requested appearance.

TRAVEL:

I understand that interviews with adults and children will generally be in the homes of the parties. Unless the Court has specifically ordered otherwise, a review of each party's residence is a mandatory part of the evaluation. There is no additional travel for work conducted in Grayson, Fannin, or Cooke Counties. If it is necessary to travel outside these counties, an additional travel fee may be charged. Travel time is charged per hour, rounded up to the nearest 15-minute increment, at half the standard hourly rate. All travel fees are at the time of scheduling the home visit portion.

For evaluations requiring airline or overnight travel, I understand that fees are charged for travel time and travel expenses. Such travel time is logged as any time spent between the originating airport and hotel and the return from the hotel to the originating airport and is charged as noted above. Travel expenses include the full expense of the airfare, a hotel room, and a rental vehicle with fuel reimbursement or taxi fees, tolls, parking expenses, and any additional travel expenses related to the evaluation. An additional travel retainer will be calculated based on expected travel time and expenses and is due before any travel arrangements are made. There is no refund on travel expenses, should the case settle before the travel occurs and after travel arrangements have been made. Any and all additional travel fees beyond the retainer are due immediately upon receipt.

UNANTICIPATED COSTS:

I understand and acknowledge that unanticipated circumstances may necessitate additional hours of service outside those estimated in the retainer. These include, but are not limited to, additional interviews, extensive telephone contact time, additional document review, any and all procedures to

assess new allegations or issues that were not included in the original retainer estimate, and other case-specific factors. Should costs rise above the retainer estimate, I understand the Evaluator will notify my attorney and the original retainer will be revised.

CONTACTING THE EVALUATOR:

Outside of telephone contact regarding scheduling, communication to the Evaluator should occur in writing to the e-mail address or mailing address. The Evaluator may respond in writing or by telephone as deemed appropriate. The Evaluator will generally only discuss administrative issues regarding the evaluation with the parties and their attorneys directly and telephonically.

SERVICES NOT PROVIDED:

I understand and acknowledge that the Evaluator is not providing, nor am I requesting, therapy, counseling, or any form of treatment. Should these or other service needs be indicated during the course of the evaluation, appropriate recommendations will be made. I understand that the Evaluator is not providing mediation, therapy, parenting coordination, parenting facilitation, or any other service outside of a Child Custody Evaluation. I understand should the Court or the attorneys request the Evaluator to participate in a settlement conference, the Evaluator will do so only as an evaluator and only for the purpose of clarifying, explaining, or otherwise communicating the results of their evaluation and report.

I understand the Evaluator is not an attorney and that if I have any questions regarding legal matters, I should consult with an attorney. I understand that it is inappropriate for someone not trained as an attorney to respond to questions concerning legal matters and I recognize that I cannot request the Evaluator to do so. I understand I am to provide my attorney copies of any information I provide to the Evaluator so that proper discovery procedures may be complied with. I understand that the copies of electronic records submitted by me to the Evaluator must be approved by my attorney. I understand that the Evaluator will not review any audio or video recording unless all parties have been provided copies and all parties have agreed in writing for the Evaluator to do so or the Court has ordered such a review.

PROFESSIONAL PRACTICE STATEMENTS:

For the purpose of reporting violations of licensing rules or regulations to the Texas State Board of Examiners of Social Workers can be contacted by mail at Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, and by telephone at 1-800-942-5540.

I understand and acknowledge that the outcome of the evaluation may or may not favor my position or be something with which I am in agreement. I understand that complaints regarding conclusions or recommendations in the evaluation must be directed to the Court, as the licensing board handles only complaints regarding violations of licensing rules and regulations.

I understand that Cecilia Powers, LCSW-S, is the custodian of records.

Organizations

Ms. Powers participates in the following groups or organizations:

Association of Family and Conciliation Courts (AFCC) Texas Chapter of the AFCC

National Association of Social Workers (NASW)

Forensic and Coparenting Services (FACS)

INSURANCE STATEMENTS:

I understand that none of the services provided to me in this case are covered by insurance as the evaluation is for legal (not treatment) purposes and is not therapy.

I have been informed and I understand that any communication or statements made by me or the children will NOT be privileged or confidential and that:

- The Evaluator may be required to testify in open court in the course of the litigation. Any information provided to the Court may become public record.
- The Evaluator is required to make a report to the Court and attorneys of record. A copy of the written report and the written materials provided to the Court are provided to the attorneys of record and clients who represent themselves at the time the report is filed with the Court.
- All information, including but not limited to text messages, audio/video recordings, and any other electronic documents, provided to the Evaluator will become part of the Evaluator's records and is available for review by the attorneys of record and clients who represent themselves. After the report is filed, information will be released following written requests from attorneys or clients who represent themselves.
- The Evaluator may confer with mental health professionals, doctors of medicine, doctors of dentistry, education, and child care personnel, personal references, other governmental entities, attorneys of record, and such other persons as have or need information directly related to the evaluation as necessary.
- The Evaluator 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.

Do not sign this form unless you have read and understood it.

Signed this _____ day of _____, 20_____.

Signature _____ Printed Name _____