

**CONSENT TO COURT-RELATED EVALUATION
AND AUTHORIZATION FOR RELEASE OF INFORMATION**
(one for each person evaluated)

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 Chris Wehl, Ph.D. and _____ .

I understand that the Court-related evaluation will usually consist of interviews and psychological testing to answer the questions posed by the Court and/or your attorney. Dr. Wehl may need to speak to others who can give their impressions of you. Dr. Wehl may need to review Court documents and other documents provided by you or others.

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 purpose of this evaluation.

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

I understand that by signing this agreement, I give Dr. Wehl 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 Dr. Wehl, which may include 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 will provide legible copies of requested documents and recordings, if requested.

I understand that Dr. Wehl 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 in the same manner as all other appointments. It is for the parties to determine how they will share the cost of missed appointments, but Dr. Wehl will be paid in the manner outlined on the fee agreement.

I understand that no appointments will be scheduled and the case will not progress unless the monthly balance is kept at a minimum of \$500 credit. I also understand that non-payment that significantly delays the evaluation process may be reported to the Court.

I understand that no report will be released until the account is paid in full.

I understand that if I request Dr. Wehl's testimony at trial or deposition, I will pay in advance for his preparation time and for the time Dr. Wehl will be out of his office to testify, including waiting time, as outlined in the Financial Policy and 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, if applicable.

Signature

Date

**Financial Policy and Agreement
for Court-Related Evaluations**
(one for each financially responsible party)

Fees for evaluation

The fee for court-related psychological testing and evaluation is \$165 per hour¹, and is billed by time spent for all activities necessary to the evaluation, including scheduling, reviewing records, interviewing involved parties, interviewing collaterals, test administration, scoring, interpretation, report preparation, consultation with attorneys, and communicating with parties. If out-of-town travel is involved, expenses will be added. Copying of file documents is done at 50 cents per page.

Fees for testimony

- \$225 per hour for testimony given in deposition or in Court, including waiting, travel, and preparation time.
- Preparation time includes review of notes, reading reports, consultation with attorneys or others. Minimum preparation charge is three hours.
- Minimum charge for appearance is four hours to include travel, waiting and testimony.
- \$1400 minimum deposit is due at the scheduling of my time for testimony at deposition or hearing. Additional retainers will be required to cover all anticipated expenses. Refunds are not given for time spent or for scheduled appearances cancelled less than 2 business days in advance.
- Out of town work is compensated at the above rate for all time I am required to be away from my office, up to 8 hours per day, payable in advance. Actual travel costs will be charged to the case, and the estimated costs payable in advance.
- Costs for preparation will be charged against the deposit. The closer a cancellation occurs to the court date, the more likely there will be preparation charges. Notify me if you believe the case may settle, and I will try to prepare as late as possible to save you unnecessary charges.
- Payment of the estimated total cost is due and payable prior to the court appearance, and should accompany subpoena or notice to appear. Refunds from the deposit will be made within 30 days.
- Appearances in courts 100 miles or farther also require appropriate expenses for travel, lodging, and meals.

Payment

- I require a retainer of \$2000 to be paid before beginning a court-related evaluation.
- Estimated costs for court-related evaluations depend on the nature of the issue and number of people to be evaluated, but will likely exceed the amount of the retainer.

¹ My fees change infrequently, usually every few years, and by a small percentage. When they change on my website, they will change on your case. This usually does not affect forensic evaluations which occur over a short interval. My current fees can be found on the consent forms for court related evaluations at www.chriswehl.com/forms.

- Work on the evaluation will only progress when the account has a credit balance of at least \$500.
- Services will be billed periodically, and payment will be required within 15 days. **I require a valid credit card to be on file with authorization to charge to bring the account into compliance with the terms above if payment isn't received within 15 days of receipt of an account statement.**
- Health insurance cannot be billed for Court-related evaluations or testimony since they are not considered medically necessary.
- You will be charged \$35 for checks returned unpaid by your bank or charge-backs from your credit card, in addition to the actual fee charged by my bank.
- Any refunds on funds paid via credit cards will have the credit card fees deducted from the refunded amount.

Missed Appointments

Unless canceled at least 48 hours in advance you will be charged for missed appointments at the rate for the visit. If multiple hours were scheduled, they will be reflected in the charge. This also applies to trial or deposition testimony that is postponed or cancelled without 2 business days notice.

Collection of unpaid fees

In addition to halting progress of the evaluation, any overdue, unpaid fees will be charged interest at a rate of 18% per annum (1.5% per month). By signing this document, you agree to pay this interest charge.

Accounts overdue for 60 days will be referred to collections. By signing this agreement, you agree to pay charges or commissions up to 50% that may be assessed by any collection agency retained by Dr. Wehl to pursue collection, and all attorneys' fees, court costs and filing fees, arising out of efforts to collect unpaid fees.

I have read both pages of this document, had the opportunity to discuss it with my attorney, and agree to proceed with the evaluation under these financial conditions. I have read, understood, and agree to the terms of this agreement. I also agree to permit a copy of this authorization to be used in place of the original.

Required credit card to be used to bring my account current (including replenishing the deposit) 15 days after receiving a statement. I also authorize Dr. Wehl to validate this card by making a nominal charge which will be credited to my account.

Visa Mastercard Amex (circle one). # _____ Exp: _____
card number

3 or 4 digit Card Security Code _____ Billing zip code for card: _____

Circle one

Yes No Do you want this card billed for your retainer?

Yes No Do you want us to bill your credit card periodically for the amount you owe? This is the best way to keep your case progressing, as I have to stop working on your case from when I send statements until I receive payment. If you check this option I will send you an itemized statement.

Yes No Do you want to receive statements by email?

I HAVE READ THE INFORMATION IN THIS DOCUMENT AND CONSENT TO ABIDE BY ITS TERMS.

Signature of responsible party

Date

BILLING INFORMATION

RESPONSIBLE PARTY (Statements will be sent to)

This must be the person signing fee agreement as responsible party

Name: _____ Email _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ (Home) Phone: _____ X _____ (Work)

Subject of evaluation #1

Name: _____ Birth Date: _____ Age: _____ Sex: M F

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Subject of evaluation #2

Name: _____ Birth Date: _____ Age: _____ Sex: M F

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Subject of evaluation #3

Name: _____ Birth Date: _____ Age: _____ Sex: M F

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____