

## Procedures for child custody and parent-time evaluations

The overriding principle of the evaluation will be to determine what is in the best interest of the children involved. Before scheduling the initial visit, I must have a signed order from a judge appointing me as the evaluator, signed consent and fee agreements, and the required deposit (\$2000).

The purpose of a custody or parent-time evaluation is to determine what arrangement is best for your children in terms of how important decisions are made and how they share time with each parent. The procedures of the evaluation are designed to fairly assess all parties and make a recommendation to the court.

The typical evaluation procedure involves the following:

1. Each parent returns the signed consent and fee agreement. The court order and payment deposit (retainer) are received.
2. Both parents will complete the **Initial Parent Questionnaire**. It can be downloaded from the **Forms** page my website [www.ChrisWehl.com/forms](http://www.ChrisWehl.com/forms). It is extremely helpful if you **type your responses on the document and return it to me via email**. It is important that this be completed and returned before the initial interview is scheduled.
3. The initial interview is scheduled. I typically meet with the parents together for 2-3 hours. I prefer to meet with both parents jointly, to ensure that each hears the other's position about significant issues and proposals for a parenting plan. While this may be uncomfortable for some, divorced parents will need to communicate with one another under all but the most extreme circumstances, and I like to observe their ability to do this. If you have a strong opposition to a joint meeting, please explain the reasons, and I will consider meeting with each parent alone. During this meeting I will want to know the history of the parents' relationship. I will want to know what the parents are unable to agree upon, how they discuss disputed issues, and what they each want. I will want to know what complaints you have of the other parent, and will eventually want to see what objective evidence supports your complaints or concerns. Anything in writing will be reviewed, and is usually helpful to the process. I will want to know who each parent believes I could contact to support their position (less obviously biased persons being preferred). Please download and complete the **Collateral Contact Form** on my website for details. If either parent is involved in a new relationship, the significant other will need to be involved in the evaluation process. I will also suggest how to prepare the children for the evaluation process.
4. I will review documents you provide me that you think are relevant to the question of custody. This could include court documents, letters, emails, or text messages between the parties, supervised exchange notes, prior psychological evaluations, police reports, Facebook data, DOPL controlled substance database reports, etc. Reviewing documents is quite time-consuming, so please limit documents to those that prove a point that isn't known from other sources or that would be important to the custody recommendation. It is helpful if you can attach a note that explains what you think I will learn from reviewing the document.
5. Our next meeting will be for each parent to be interviewed and to complete the psychological testing (at my office). I will meet with each parent separately for 4+ hours to go over answers from your questionnaire that require clarification, and to let you respond to criticisms made by the other parent on their questionnaire. We will schedule more interviews until I have reviewed all the questions raised in the questionnaires. Testing will usually take about 3 hours.

6. I will contact collaterals that each parent has identified as having relevant information to share. I will decide which suggested collaterals to contact. The Collateral Contact Form on my website collects the needed information.
7. I will then want to have dinner at each parent's home with the children present. Ideally, this will be just a typical dinner, though I would ask to have the TV off and that the family members sit together at a table so I can observe family interaction. Please don't prepare anything special or out of the ordinary. The purpose is to see how the children interact with each parent during a routine, daily family event. I will not want to be the focus of the dinner, but to observe the family function, so don't feel the need to entertain me. It is ideal if you can interact as a family as you would if I was not present. During this visit, I will ask the children to give me a tour of the home, yard, and perhaps, neighborhood.
8. If you have videotapes of family events that predated the separation, and you think they might be useful for documenting how the parents or children behaved, please make a copy for me.
9. I will then want to meet with the school-aged children, separately. I will usually spend about 2 hours interviewing each child, usually in two visits, transported by each parent. I will want the children's teacher to complete a Child Behavior Check List on each child. Testing of the children is usually short and simple, unless there is need for more thorough testing.
10. If there are step-parents or significant others, I will interview them.
11. After I have completed the information-gathering portion of the evaluation, I will notify your attorney, so she or he can arrange a 4-903 settlement conference.
12. At the settlement conference, I will discuss the needs of the children and each parent's and stepparent's ability and propensity to provide for those needs. I will be prepared to speak to more general issues of custody and give verbal recommendations about legal and physical custody. Hopefully, you will be able to agree to a settlement at this time, rather than proceed to trial.
13. If settlement is not possible, I will be informed by your attorney, and will begin preparing a formal report, after receiving the deposit for the report (\$2000).
14. When the balance of the bill is paid, I will submit my report to each attorney, the judge, and when applicable, the guardian ad litem.

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**CONSENT TO COURT-RELATED EVALUATION  
AND AUTHORIZATION FOR RELEASE OF INFORMATION**  
(one for each subject of evaluation)

**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 \_\_\_\_\_ (parent).

I understand that the custody evaluation will usually consist of:

- Interviews of parents, jointly.
- Completion of a detailed questionnaire by each parent.
- Interviews of each parent and any step-parents or significant others, separately.
- Interviews of each child, separately (usually for children five and older).
- Psychological testing of both parents.
- Information collection about the child(ren) and/or testing of the child(ren).
- Observations of each parent interacting with the children in their home.
- 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.
- Interviews (usually via telephone) with collaterals identified as having useful input, such as neighbors, physicians, therapists, employers, teachers, etc. Dr. Wehl 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.
- Random alcohol or drug testing may be requested by Dr. Wehl, if the need is suggested.
- 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 Dr. Wehl. Included are psychotherapists, physicians, teachers, school officials, and 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.

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I understand that I may not receive the feedback about my performance on tests and interviews that is customary in therapeutic evaluations, unless or until a report is requested.

I understand that by signing this document, I agree to provide all documents requested by Dr. Wehl, 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 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 delinquent payment that significantly delays the evaluation process will be reported to the court.

I understand that Dr. Wehl will not schedule a settlement conference or release the final custody evaluation report until the account is current and in compliance with the terms of the financial agreement. The Custody Evaluation Report will only be released to counsel and the court, and copies should not be provided to the parties.

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, Dr. Wehl may remain bound to write a brief summary of the findings in the case and subsequent settlement for the court. I understand that despite a settlement, the cost of the provision of the summary will be billed to the case, as well as charges for work already completed.

I understand that if Dr. Wehl's testimony is requested at hearing, trial or deposition, I will pay in advance (at the time of subpoena or scheduling) for his preparation time (3 hours) and for the time Dr. Wehl will be out of his office to testify, including waiting time (minimum 4 hours).

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.

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Signature of parent

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Date

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**Financial Policy and Agreement**  
**For Custody and Parent-time Evaluations**  
*(one for each financially responsible party)*

**Fees**

The fee for court-related psychological testing and evaluation is \$165 per hour<sup>1</sup>, 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, summarizing data, report preparation, consultation with attorneys, communicating with parties, depositions and court appearances, including travel and waiting time. If out-of-town travel is involved, actual expenses will be added. Copying of file documents is done at 50 cents per page.

**Payment**

- For custody evaluations I require payment of a deposit (retainer) of \$2000 for the information-gathering phase, and \$2000 for the report-writing phase.
- You will need to pay the amount you owe (including amounts to replenish the \$500 revolving credit balance) within 15 days of receiving a statement. Dr. Wehl will charge your credit card for this amount if he has not received full payment 20 days after mailing you a statement. You agree to pay a finance charge of 18% per annum (1.5% per month) on the 30 day unpaid balance.
- My evaluations tend to take around 100 hours of work in the data collections phase. The rough breakdown of time by activity is:
  - 7% Creating interview questions from questionnaires
  - 18% conducting parent interviews
  - 3% each step parent interviews
  - 2% each for child interviews
  - 12% scoring/interpreting testing
  - 3% each, local home visits
  - 45% reviewing and summarizing documents, interviewing collaterals, summarizing all collected data.
- Estimated cost for the report writing phase is 20-25 hours at the above hourly rate.
- I require any balance to be paid before completing each phase (information-gathering and report).
- Parents will each be responsible for half of the evaluation costs unless I am presented with an order from the court specifying a different arrangement for payment.
- If completion of either phase of the evaluation is thwarted by one party's failure to keep their account paid, the other party may pay the delinquent party's portion and try to recover it later through court or mediation.

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<sup>1</sup> 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 custody evaluations, unless there is a long lapse or an update is required. My current fees can be found on the consent forms for custody/parent-time evaluations at [www.chriswehl.com/forms](http://www.chriswehl.com/forms)

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- I require payment for time set aside for court appearance in advance of the court appearance. Charges for court or deposition appearance include time for preparation and travel. Most testimony requires 3 hours for preparation to review the file. Payment should accompany notification to appear. Payment should be for a minimum of a half day away from the office and 3 hours of preparation time (total of 7 hours) unless it is likely that I will need to be out of the office for a full day, in which case payment should be for 8 hours plus 3 hours of preparation time. Any overpayment will be credited to your account, and returned at the end of proceedings. Scheduled court or deposition appearances that are cancelled less than 3 business days in advance are not refundable.
- 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 are payable in advance.
- Services will be billed periodically, and payment will be required within 15 days. To avoid delays in progress, indicate below that you would like me to automatically bill your balance to the credit card on file and send you an itemized statement.
- Work on the evaluation will only progress when the account has a credit balance of at least \$500.
- You agree to pay \$35 for checks returned unpaid by your bank or credit card charge-backs, in addition to the actual fee charged by Dr. Wehl's bank.
- Health insurance does not cover court-required evaluations since they are not considered medically necessary.
- **I require a valid credit card to be on file with authorization to charge the card to bring the account into compliance with the terms above if payment isn't received within 15 days of receipt of an account statement.**
- 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 3 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 may be referred to a collections service. 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.

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I have read both pages of this document, had the opportunity to discuss it with my attorney, and agree to proceed with the custody 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 parent

\_\_\_\_\_  
Date

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## **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: \_\_\_\_\_