

**AGREEMENT FOR CHILD CUSTODY EVALUATION
FAMILY CODE SECTION 3111**

1. Order for 3111 Evaluation:

a. I understand that Mrs. Hendrix is appointed and designated by the Court to conduct a Child Custody Evaluation in accordance with the Family Code section 3111.

2. Psychometric/Psychological Testing:

a. I understand that no psychometric/psychological testing shall be done unless specifically ordered by the Court. If testing is ordered at the request of Mrs. Hendrix, or at the Court's direction, it shall be referred out to a qualified clinical psychologist.

3. Parent-Child Observation:

a. I understand that the child-parent interaction shall be observed unless contraindicated to protect the best interest of the child(ren).

b. I understand Mrs. Hendrix shall interview and observe all children ages five and older unless contraindicated to protect the best interest of the child(ren).

c. I understand Mrs. Hendrix may interview or meet with child(ren) of any age at the discretion of Mrs. Hendrix.

4. Non-Confidentiality:

a. I understand Mrs. Hendrix shall discuss with and disclose to the child(ren) the fact that the child's communications to Mrs. Hendrix are not confidential.

5. Interview Child(ren):

a. I understand that Mrs. Hendrix shall interview child(ren) individually and only with siblings when Mrs. Hendrix believes that a joint interview will serve the best interests of the child(ren).

6. Collateral Contacts:

a. I understand that Mrs. Hendrix shall contact and consider all relevant collateral contacts.

7. Review Documents/Letter/Reports/Emails/Photographs:

a. I understand that Mrs. Hendrix shall review all documents, letters, reports, emails, and photographs submitted by the parties/respective attorneys, but only if Mrs. Hendrix has been provided proof that a copy of all the documents, letter, reports, emails and photographs has been provided to the other party/attorney.

8. Ex Parte Contact:

a. I understand that no party or attorney for a party shall initiate contact with Mrs. Hendrix, orally or in writing, to discuss the merits of the case without notice to the other party and an opportunity to be present or to receive a copy of a written communication unless the ex parte contact is stipulated by the parties in writing.

b. I understand this rule shall also apply to Minor's Counsel unless there is a Court order specifically allowing such contact.

c. I understand that during the Child Custody Evaluation each parent shall be met with individually for an equal number of sessions.

9. Refusal to Attend/Participate:

- a. I understand when one party refuses or otherwise fails, after reasonable notice and opportunity to participate in the Child Custody Evaluation, Mrs. Hendrix shall complete the Child Custody Evaluation and make a report to the Court noting that fact.

10. Mutual Agreement:

- a. I understand if the parties indicate to Mrs.Hendrix that an agreement has been reached between them during the Child Custody Evaluation and Mrs.Hendrix believes that this agreement serves the best interest of the child(ren), Mrs.Hendrix may report the agreement to the Court without concluding the Child Custody Evaluation.

11. Child Custody Evaluation Report:

- a. I understand that the report by Mrs.Hendrix shall contain the following minimum information:
 - i. Identify the parties.
 - ii. Identify the collateral contacts and documents reviewed.
 - iii. Identify each parent's goals and/or concerns.
 - iv. Identify any domestic violence and/or substance abuse issues.
 - v. Specify a recommendation for issues which the Court and/or the parties specifically identified or raised.
 - vi. Specify a detailed parenting schedule, e.g., school periods, vacation schedules, holidays, transportation, exchange protocols and needs for supervision.
 - vii. Specify a recommendation on all aspects of legal custody, e.g., selection of day care provider, selection of school, selection of counselor for child, medical decisions, and education decisions.
 - viii. Specify any other recommendations which Mrs.Hendrix believes the Court should address/implement.
- b. I understand that the issuance of a report and the process of gathering the necessary information render the Child Custody Evaluation process to be nonconfidential in nature.
- c. I understand Mrs.Hendrix will ask to speak with any professionals connected to this case during the process of her evaluation upon her discretion.

12. Fee:

- a. I understand that Mrs.Hendrix's fee for serving as Child Custody Evaluator is \$165.00 per 50-minute session times the number of sessions spent by Mrs.Hendrix in the Child Custody Evaluation process. This time shall include sessions necessary with family members to conduct the Evaluation, any collateral contacts, both professional and personal, reviewing any documentation submitted (including emails, photos, etc.), any research that is necessary and the writing of a report to the Court.
- b. I understand a deposit in the amount of \$1,500.00 shall be paid 14 days prior to the date of the first scheduled Child Custody Evaluation session against which services will be billed.
- c. I understand the deposit does not represent the total cost of the Child Custody Evaluation services due to extensive evaluation that is necessary to complete a 3111 Evaluation.
- d. I understand when the remaining deposit is \$750.00 or less, additional deposit(s), to be paid by a specified date, may be requested by Mrs. Hendrix based on Mrs. Hendrix's estimate of costs for additional Child Custody Evaluation services.
- e. I understand following a request for additional deposit to be paid by a specified date, the requested deposit shall be paid on that date prior to any further services provided by Mrs. Hendrix.
- f. I understand that any excess deposit remaining at the completion of the 3111 Evaluation shall be refunded.

13. Cancellation, No Show or late for appointment time:

- a. I understand in the event either party fails to provide 48 hours telephone notice of a cancellation of any appointment with Mrs. Hendrix, or in the event either party does not show for a scheduled appointment, such missed appointment shall be charged at the full session rate of the amount of time that was scheduled for that missed appointment. The parent who failed to give the required 48-hour notification or did not show for the scheduled appointment shall be fully financially responsible for the scheduled appointment.
- b. I understand I will be financially responsible for a session when I arrive over 10 minutes late for the scheduled time.
- c. I understand I will be responsible for half the cost of the session when I arrive between 5 and 10 minutes late for the scheduled session, if I have not paid any of the deposit for the Child Custody Evaluation.

14. Testimony:

- a. I understand that should Mrs. Hendrix be subpoenaed by me or by someone representing me for a deposition, and/or, In-Court testimony, I will pay Mrs. Hendrix the cost she specifies after Mrs. Hendrix has received the subpoena.
 - i. If the subpoena states a morning arrival time, the cost shall be a full 8- hour day, plus preparation time and travel time at a rate of \$200.00 per hour.
 - ii. If the subpoena states an afternoon arrival time, the cost shall be a half day rate of four hours, plus preparation time and travel time at a rate of \$200.00 per hour.
 - iii. The fee must be paid 14 days in advance of the scheduled court time or deposition time.
- b. I understand refunds will be issued only if Mrs. Hendrix has received a cancellation notice 5 working days prior to the scheduled deposition or court testimony. The amount of reimbursement shall depend on how much of the cleared day was able to be scheduled with clients after the notification of cancellation.

15. Legal Advice:

- a. I understand that I am encouraged to seek legal advice and counsel prior to entering a Child Custody Evaluation. I have either obtained appropriate legal counsel or have voluntarily and knowingly waived my right to do so prior to the Child Custody Evaluation with Mrs. Hendrix.

16. Collection:

- a. I understand that Mrs. Hendrix has advised that the Evaluator shall retain the right to divulge the names and other relevant financial information, including but not limited to, employment information, of the Client responsible for payment of Evaluator's fees, to a collection agency and/or attorney for collection if the Evaluator's fees remain unpaid, in whole or in part.

17. Indemnification and Hold Harmless:

- a. The Clients, individually and on behalf of the minor children, agree to indemnify, protect, and hold Evaluator harmless from any loss, costs, or expenses, including but not limited to reasonable attorney fees incurred by Evaluator, in connection with any claims, actions, administrative proceedings (formal or informal), and any other actions brought by the Clients against Evaluator and determined by the trier of fact to be unfounded.

18. Mandated Reporter:

- a. a. **STATE MANDATORY DISCLOSURE REQUIREMENT:** Pursuant to California Penal code Section 11108, the Evaluator has an affirmative duty to report information concerning child abuse (including but not limited to sexual abuse, physical abuse, and neglect). The Mediator also has a duty to report a threat of harm to another person, property, or to oneself. Additionally, there is a requirement to report elder abuse for people over the age of 60.

19. Electronic Equipment:

a. I understand that at no time, for any reason, during any sessions with Chanise Hendrix, LMFT, shall any person record any of the sessions by use of audio or video recording devices, this shall include any recording options on a cell phone.

20. Agreement:

a. Having read and understood all the above provisions and had an opportunity to discuss with Mrs. Hendrix the meaning and implications of all the provisions, I do by my signature below indicate my agreement and assent to the provisions in Child Custody Evaluation Family Code Section 3111 services provided by Mrs. Chanise Hendrix, LMFT.

Client Initials _____

Client Name **Client Signature** **Date**

Calif. Sec 3111 Child Custody Evaluator **Signature** **Date**

INTAKE FORM

Private Child Custody Recommending Counseling & Child Custody Evaluation Intake Form

If the space provided is not sufficient for you to answer a question fully, write in the most important part of your answer and mark that question with a start (*). Do not attach extra sheets or write in the margins.

PARENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender Male Female Non Binary

Home Address _____

City _____ Zip Code _____

How far do you live from the other parent? _____

Phone Number _____ Email _____

Occupation _____ Employer _____ Work Hours: _____

Others Living in your Home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

Relationship Info with Other Parent:

Date of Marriage: _____ Date of Separation: _____ Date of Divorce: _____

OTHER PARENT'S INFORMATION

Parent/Guardian Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender Male Female Non Binary

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Occupation _____ Employer _____

CHILDREN INFORMATION

Name	DOB	Grade/School/Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEGAL INFORMATION

Case Number: _____ Court Date _____

Mother's Attorney _____ Email _____

Father's Attorney _____ Email _____

Previous Mediations/CCRCs: Male Female If yes, please provide copies of report.

Is there an existing Court Order for child custody? If so, please describe it.

How is your current parenting plan different from the Court Order, if at all? Describe.

SOLE LEGAL CUSTODY means that one parent has the right and responsibility to make the major decisions relating to health, education and welfare of the child. **JOINT LEGAL CUSTODY** means both parents share the right and responsibility to make these major decisions.

Do you favor _____ SOLE LEGAL CUSTODY, or _____ JOINT LEGAL CUSTODY? Please explain why.

SOLE PHYSICAL CUSTODY means that a child lives with and is under the supervision of one parent, subject to the power of the Court to order visitation. **JOINT PHYSICAL CUSTODY** means each of the parents has significant periods of physical custody and that they share custody in a way that assures the child of frequent and continuous contact with both parents.

Do you favor _____ SOLE PHYSICAL CUSTODY, or _____ JOINT PHYSICAL CUSTODY? Please explain why.

PARENTING INFORMATION

How did you tell the child(ren) about the separation? What was thier response?

Describe your child(red); include details regarding thier personalities, interests, activities, functioning in school and with peers, and any problems or concerns you are aware of.

Describe your relationship with your child(ren). Include caretaking, activities, and discipline.

Describe your childcare arrangements.

PARENTING INFORMATION

Describe the other parent's relationship with your child(ren). Include caretaking, activities and discipline.

Describe how you and the other parent typically divided and accomplished the parenting tasks and responsibilities. How was this division made? How did this pattern develop and evolve over time?

What are the strengths and assets in the way you parent the children?

What are the strengths and assets in the way the other parent parents the children?

PERSONAL DATA

Have you or the other parent, ever been arrested, and/or locked up? If so, please furnish dates and details.

Have you, or the other parent, ever been hospitalized for psychiatric or substance abuse problems? If so, please furnish dates and names of hospitals and doctors.

Please list the names and contact information of any mental health professionals anyone (parent, child or live in partner) has seen for counseling, etc.

Name	Address	Phone	Family Member Seen
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Are you willing to sign a release for me to consult? Yes No N/A

Does your child(ren) have any physical problems requiring medical care? If so, please furnish the following information:

Doctor	Address/Phone	Child	Nature of Problem
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Are you willing to sign a release for me to consult with thier doctor?

Yes No N/A

ADDITIONAL INFORMATION

Please list name, address, telephone, and relationship of professionals, or other people, you think can contribute important information to this process.

Name	Address/Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe your PROPOSAL for a parenting plan, visitation or residence schedule. This will not include the holiday schedule. Please indicate why you think this would be in the best interest of the child(ren).

Please include any additional information you would like to have considered in mediation that you have not already mentioned. Also, please attach your children’s SCHOOL SCHEDULE showing holidays and vacations.

Thank you for providing the requested information. Please understand that in keeping with the protocols of child custody recommending counseling or child custody evaluations, the answers you have provided will not be kept confidential.

Your signature below indicates your understanding that this information may be used in the course of your assessment.

Signature of Parent

Date

Authorization to Exchange Information

Date: ____ / ____ / ____

To: _____

Re: _____

I, _____ hereby consent to the exchange of information between Chanise Hendrix, LMFT and _____. I understand that this exchange of information is for the purpose of treatment and consists of all relevant information.

This release expires on: ____ / ____ / ____

Client: _____

Parent: _____

Name	Signature	Date
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***You have a right to a copy of this release and may revoke it at any time except for the portion that has already been executed.**