



Phoenix  
Family & Forensic  
Services, LLC

### **Psychological Evaluation Evaluator Services Agreement**

Welcome to my practice. This agreement contains important information about my professional services and business policies that have important implications for any services that are provided to you.

#### **Forensic Services:**

Forensic Services are different from traditional psychotherapy. A forensic practitioner is expected to be a neutral source of information and base recommendations on the assessed data. Thus, these recommendations or judgments may not be in-line with the client's wishes. Given the nature of forensic services, these evaluations are not confidential and records associated with the evaluation may be released per Court Order.

Your Evaluator is working as a mental health professional. Under no circumstances should you consider anything stated by your Evaluator as legal advice. You are encouraged to speak with a licensed attorney if you do have any legal questions.

#### **Preliminary Process:**

The evaluator is appointed by the Court or stipulated by the parties and/or the attorneys. The evaluator is notified by letter or minute entry of appointment. Parents sign the Services Agreement as well as the other initial set of documents. The retainer fee is paid prior to the first appointment or otherwise in advance of the evaluation. Insurance benefits do not cover any court appointed forensic services.

#### **Evaluation Process:**

The evaluation involves a very specific process. Attorneys and parties should not submit any documents unless previously requested by the evaluator. If there is any information you or your legal representative believes may be important, please ask the evaluator if he or she would like to review those materials. Documents submitted without prior request may not be considered as part of the evaluation. All audio/video tapes provided to the evaluator must be previously transcribed, and a copy of the transcript must accompany each tape/video.

The forensic services may include interviews, contact with others who have knowledge of the parties involved, observations, home and school visits, testing, and other related services. Your commitment to the evaluation process is crucial and is demonstrated by your understanding and written agreement to the following.

Forensic practitioners disclose to potential collateral sources information that might reasonably be expected to inform their decisions about participating that may include, but may not be limited to, who has retained the forensic practitioner; the nature, purpose, and intended use of the examination or other procedure; the nature of and any limits on privacy, confidentiality, and privilege; and whether their participation is voluntary.

The following meetings and procedures may exist as part of the custody evaluation process:

- 1) Individual meetings with each parent or adult having responsibility for care of the child(ren);

- 2) Meetings with both the appropriate parents/legal guardian and the child(ren); the children are interviewed individually when age appropriate;
- 3) Testing may be administered as appropriate;
- 4) Adults and/or children may be referred to specialists for additional evaluation as deemed necessary;
- 5) The evaluator may interview other collateral sources, including but not limited to stepparents, grandparents, housekeepers, nannies, sitters, teachers, neighbors, etc.;
- 6) The evaluator usually requests records from a number of sources, including but not limited to behavioral health providers, schools, medical doctors, police departments, DCS, etc. At times, the evaluator may also speak to these collateral sources. Each parent or guardian must sign authorization forms to allow records to be obtained;
- 7) During the course of the evaluation, conference calls with the attorneys may be conducted to address status and concerns about the evaluation;
- 8) Home studies and school visits;
- 9) A joint meeting with both parents may be conducted if the evaluator deems it appropriate;
- 10) The evaluator may seek professional consultations for relevant issues that arise during the course of the appointment; names of the parties and case specific information may be used during the course of this consultation
- 11) Upon completion of the evaluation, if the parties do not reach agreement, a report of findings and recommendations will be prepared and submitted to the Court and both attorneys. If a party is not represented, the report will be submitted directly to the party;
- 12) Once a final report is submitted, the evaluation is considered complete and no additional appointments will be scheduled. Exceptions may involve correction of facts, a significant change of circumstance, or any other special circumstances deemed appropriate to re-open the evaluation by the evaluator.

**In order for services to begin at Phoenix Family and Forensic Services, you must agree to all provisions within this agreement and the retainer must be paid in full. If you disagree with any provisions within the agreement, please notify the Phoenix Family and Forensic Services staff immediately. Please initial next to each provision indicating your understanding and approval of the particular provision.**

\_\_\_\_\_ 1. **Consent to participate in the process:** I have chosen to be involved in the forensic process with Phoenix Family and Forensic Services. I recognize that individuals choose to participate for different reasons. Some participate with the belief that the process is in his/her interest or the interest of children. Others participate with the knowledge that in some forensic circumstances, a refusal to participate may result in negative consequences from the Court. Given these options, I acknowledge that I am choosing to participate in this process, and I am allowing any minor children to participate. I have the right to make an informed decision whether to accept or refuse continued participation in the process. I understand that I can choose to not participate in the process at any point, but depending on the forensic circumstances, the process may continue without my participation and/or legal consequences may ensue. I have the right to consult with other mental health professionals or a legal advisor to assess my decisions regarding participation.

I understand that the purpose of the process is to assist the court and the parties involved in making decisions in the best interest of the child or children involved. I acknowledge that the process is intended to be thorough, objective, independent, and in conformity with recognized best practices as applied to the specific situations of this case.

I understand that the appointee will attempt to obtain all relevant information from all sources needed to address the issues before the court. I understand and agree that the appointee will use his/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 agree to schedule appointments as required by the forensic process.

- \_\_\_\_\_ 2. **Retainers:** I agree to pay any required retainer for the services prior to my first visit to Phoenix Family and Forensic Services. The court determines how the fees are to be divided. Please see the particular Court Order to determine your portion of the retainer. Sometimes the Court initially orders only one parent to be responsible for fees, but this may change in the course of the forensic process. I acknowledge that I will pay fees that are currently ordered or may be ordered in the future. For example, if the non-paying parent does not effectively support the process, the Court may order a change to the fee-split and both parents may become responsible for payment.

Funds in excess of the initial retainer may be needed if the process involves complex issues requiring extensive document review or additional interviews. If and when the retainer amount falls below a minimum, parties will be asked to replenish the retainer. The process will not continue until both parties have made required retainer payments. Any unused retainer will be returned after the termination of the professional's appointment. I also understand that I will not receive any interest payments on any paid retainer monies. Any remaining monies from the retainer, upon completion of the case, will be returned to me within sixty days. Please make all checks payable to Phoenix Family and Forensic Services.

I understand that although I may be providing payment to the appointee, the appointee may be working under Court Appointment. If Court appointed, reports to the Court may or may not favor my position or be something that I am in agreement with.

- \_\_\_\_\_ 3. **Submission of documents:** I agree that all documents submitted to the appointee shall be done through my legal representative, unless pro per. All submitted documents should be submitted to the appointee via mail, fax or email as well as to the other legal representative via a method determined by the other legal representative. . In order to contain costs of the process, if a party or legal representative seeks to submit documents, prior approval should be obtained from the appointee. Documents should not be submitted unless specifically approved or requested by the appointee. **Hard copies of records must be provided for documents exceeding 20 pages**

- \_\_\_\_\_ 4. **Postponements and Timeliness for appointments:** I agree to be on time for appointments and keep appointments scheduled, except for cancellations due to illness or emergency. I agree to give a 24-hour notice if I cannot make the appointment. Late cancellations make it difficult to offer the appointment time to someone else. Failure to give a 24-hour notice will result in a charge for the entirety of the missed session. I understand that missing appointments or excessive rescheduling will result in the appointee taking one of a few courses of action. Action may include contacting the Court regarding these concerns.

Phoenix Family and Forensic Services does not always provide appointment reminders. The client is responsible for attending the appointment, regardless of whether you receive a reminder. By my signature, I acknowledge that it is ultimately my responsibility for attending my appointment, whether or not I receive a reminder. I also recognize that when Phoenix Family and Forensic Services does contact me, contacts will be made via addresses, phone numbers or emails provided within my initial documents unless identified otherwise by the client.

- \_\_\_\_\_ 5. **Lack of confidentiality:** I understand that my records are not confidential due to the nature of the forensic services. Thus, the records may ultimately be released, depending on the nature of the particular forensic case. In some cases, all written, oral and audio records, will be released to parties or their representatives, and/or the Court. If applicable in my particular forensic case, I understand by participating in the process I am "waiving my privilege" meaning that all communications, and

information used to form recommendations, may no longer be confidential. The appointee may write a summary to the Court or to other concerned parties.

- \_\_\_\_\_ 6. **Audio and video taping:** I understand that litigants are not permitted to record any sessions or contacts. The forensic appointee is the only individual permitted to record any portion of the process. I acknowledge I have received notice that the appointee and staff are the only ones permitted to record contacts. At any point in this process, staff or the appointee may record contacts and I recognize that there may be recording without further notice. If there is a request for audio taping, the appointee will address this issue to the Court to determine appropriate action.
- \_\_\_\_\_ 7. **Abuse/neglect reporting:** I understand that the state law requires the appointee to report all cases of physical abuse, sexual abuse, or neglect, of minors or the elderly. Phoenix Family and Forensic Services may take action to protect those involved.
- \_\_\_\_\_ 8. **Danger to self and others reporting:** I understand that state laws may require the appointee to report all cases in which there exists a danger to self or others. I will tell the appointee if I feel suicidal, and/or if I believe any children involved are suicidal. Phoenix Family and Forensic Services may take action to protect those involved.
- \_\_\_\_\_ 9. **Testimony:** If testimony by the appointee is requested, the requesting party must pay testimony and deposition fees **at least five business days in advance** of the requested testimony. In-person testimony is billed in four-hour blocks. Telephonic testimony is billed in two-hour blocks. Testimony fees are non-refundable if the testimony or deposition is cancelled less than 24- hours in advance of the appointee's expected participation. There are additional preparation charges, including two hours of preparation per hour of testimony. The preparation charges are non-refundable once the service has been provided.
- \_\_\_\_\_ 10. **Forensic Assistants:** At times, substantive services will be provided by the forensic assistants. These services are provided by individuals qualified for such duties. These individuals are included to ensure an efficient and cost-effective process. There are charges associated with any substantive contact with the forensic assistant beyond administrative duties (e.g. scheduling and billing issues). If the appointee believes that either parent is using the services of the assistants beyond the normal process, the appointee may seek the intervention of the Court. This may include asking the Court to charge the individual parent for misuse of the process.
- \_\_\_\_\_ 11. **Record release and storage:** I understand that Phoenix Family and Forensic Services records are stored onsite. Active cases are kept in hard copy form in a storage cabinet. Once a case is completed, the contents of the file are scanned and saved electronically. Upon death of your appointee, records will be controlled primarily by Sarah Petty, Psy.D. Clients will be notified via the website ([www.Phxfamilyforensic.com](http://www.Phxfamilyforensic.com)) if there is a change in ownership status. They will also be informed of any changes of record storage or procedures for access. If you have questions at any time regarding the whereabouts of your records, you are encouraged to check the website. If records are requested, Phoenix Family and Forensic Services will seek direction from the Court, if necessary, and attempt to respond to such requests within 30-days. In some forensic cases, if guidance is sought from the Court, the release of records may be delayed.
- \_\_\_\_\_ 12. **Orders of Protection/Injunctions:** I understand that if there is an active Order of Protection/Injunction that includes anyone involved in this process, whenever scheduling any appointments at Phoenix Family and Forensic Services, I will remind the staff about such an order so staff can do their best to avoid scheduling appointments that may violate the Order of Protection.
- \_\_\_\_\_ 13. **Weapons and other impermissible items:** I understand that the following items are not permitted inside the Phoenix Family and Forensic Services facility: alcohol, drugs, firearms, weapons, concealed recorders, broadcasting, and other intimidating devices.

- \_\_\_\_\_ 14. **Release of records:** I understand that any records released for this process, including those covered under HIPPA Federal Regulations, may be released to the legal representatives and/or the Court. These records would be released per the course of judicial or administrative proceedings in the interest of due process concerns.
- \_\_\_\_\_ 15. **Licensure as a mental health professional:** I understand that the professional is appointed due to licensure as a mental health professional. Although this is a forensic case, the provider is not licensed to practice law in Arizona and as such, no information provided by the appointee or anyone at Phoenix Family and Forensic Services should be considered legal advice. If I have any questions regarding legal matters I should consult with an attorney.
- \_\_\_\_\_ 16. **Communication with/from Phoenix Family and Forensic Services:** Phoenix Family and Forensic Services often communicates via email about billing and scheduling issues. If I have concerns about use of email, I will address my concerns to Phoenix Family and Forensic Services staff. I understand that the provider communicates with others involved with this family via email, including other professionals. By initialing, I provide consent for communication to occur via email and recognize that privacy cannot be guaranteed.
- \_\_\_\_\_ 17. **Privileges:** Given the nature of a court appointment, I waive all statutory or non-statutory privileges so as to permit the Court appointed provider to have access to health, mental health, educational, law enforcement, employment and similar records, to confer with health care providers, therapists, educators, and other persons whom the appointee believes are necessary for the purposes of performing the role, and for them to confer with the appointee. To the extent necessary, each party is ordered to sign all documents/releases necessary to provide the appointee access to such records or persons. I understand that any Protected Health Information released to the appointee as part of the role may ultimately appear in the appointee's report, records, feedback session or testimony, and may be subject to discovery unless a protective order is issued.
- \_\_\_\_\_ 20. **Collateral contacts:** The parties may also be asked to submit the names of nonprofessional collateral informants. If a collateral informant's name and telephone number is provided by a party to the appointee, it shall be presumed that the parents have consented to the appointee contacting that person. The appointee may also request contact information for specific collateral informants, and/or access to specific records. The parties are ordered to cooperate with the appointee in providing such information, signing any necessary releases, and facilitating such collateral contacts.

**Professional Fees:**

The hourly rate for the provider is \$250.00. Providers prorate hourly rates for other professional services that may become necessary and are billed in 6-minute increments. There are charge for summaries and telephone consultations. Other services that will incur a charge include the following:

- Total Retainer (please note how the fee is split within your Court order) ..... \$3,000.00
- Regular office visit, 50 minutes ..... \$250.00
- MMPI-2 Test Administration ..... \$50.00/ea
- Expert testimony/depositions (travel time is charged for out-of-the office participation) ..... \$400.00/hr
  - In-person testimony is reserved in 4-hour blocks; Telephonic testimony is reserved in 2-hour blocks
- Testimony/Deposition preparation ..... \$400.00/hr
  - Two hours of preparation per hour of testimony
- Telephone calls/correspondence (except for testimony/deposition, billed in 6-minute increments) ..... \$250.00/hr
- Treatment summaries ..... \$250.00/hr
- Forensic Assistant services (e.g. letter writing, document retrieval and editing, phone calls, case research) ..... \$100.00
- Photocopying..... \$.10/page plus \$3.00/10 min
- Returned check fee for insufficient funds, per occurrence ..... \$25.00
- Transcription..... ..At cost
- Other costs incurred for the process, equal to costs incurred to the appointee
- Extended voice mail messages that need to be transcribed will be charged to the party leaving the message.
- Accounts with a balance outstanding for longer than sixty days will accrue interest at a rate of 1.5% per month. If necessary, this office will utilize the services of a collection agency. Requests for payment will be made prior to utilization of a collection agency.

**Please make all checks payable to Phoenix Family and Forensic Services.**

Your signature below indicates that you have read and understand this agreement and agree to its terms.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Phoenix  
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Services, LLC

Today's Date:	
Professional Appointee:	

**Client Information:**

Name	
Date of Birth	
Address	
Home phone #	
Work phone #	
Cell phone #	
Email	
Driver's License _____	
Employer	
Occupation	

**Primary Job Work Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Hours worked per week, including weekends: \_\_\_\_\_

Do you currently work overtime or have a second job?  Yes  No

**Second Job Work Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Hours worked per week, including weekends: \_\_\_\_\_

Responsible Party/Spouse if not self:

Name	
Address	
Relationship to you	
Phone #	
Fax #	
Email	

Person to Contact in case of emergency:

Name	
Address	
Relationship to you	
Phone #	
Fax #	
Email	

Attorney (if you are represented by one):

Name	
Address	
Phone #	
Fax #	
Email	

Has any member of your family previously been to this office? Yes No

Whom may we thank for referring you to our office? \_\_\_\_\_

**The information in this document is correct to the best of my knowledge.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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### BACKGROUND SUMMARY

<b>Case Name</b>		<b>Case Number</b>	
<b>Name</b>		<b>Today's Date</b>	
<b>Address</b>		<b>Date of Marriage</b>	
<b>Date of Birth</b>		<b>Date of Divorce</b>	

Other names used (e.g. maiden names) or Also Known As (AKAs):


### 1. Family History

<b>Family Member</b>	<b>Name</b>	<b>Age</b>	<b>Phone Number</b>
Mother			
Father			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			

## 1. Family Mental Health History

1. Please identify mental health diagnoses and treatment for your biologically related family members.

Family Member Name	Relationship to You	Diagnosis	Medication(s) Prescribed

2. Child(ren) involved in this case:

Name of Child(ren)	Date of Birth

3. Identify all the people living in your household:

Household Member Name	Age or DOB	Relationship to the Child(ren)

## 2. EDUCATION

1. Please provide information on your highest completed grade level, high school and any college completed:

High School/College Attended	Location	Years Completed or Degree Obtained	Date Graduated

2. Are there any additional notes the appointee should be aware of regarding your education? Please explain:

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### **3. MENTAL HEALTH HISTORY**

**PLEASE DO NOT LEAVE OUT ANY INFORMATION REGARDING PAST SERVICES. IF YOU ARE NOT SURE, INCLUDE THE INFORMATION SO THE PROVIDER CAN DETERMINE IF THE SERVICES MAY BE RELEVANT. INCLUDE ALL INFORMATION FROM THROUGHOUT YOUR LIFETIME. IF YOU NEED ADDITIONAL SPACE, PLEASE INCLUDE INFORMATION ON A SEPARATE PAGE.**

**TESTING**

1. Have you ever been administered any psychological tests, such as I.Q. tests, personality tests?  
 No       Yes. If yes, please identify the following:

Name and Address of administrator of the testing	Date	Name of Test if known	Purpose of testing

**MENTAL HEALTH TREATMENT**

2. Have you ever received mental health treatment of any kind?   No   Yes.  
 If yes, please identify all mental health providers (Therapists, Counselors, Life Coaches, Psychologists, Psychiatrists, General Practitioners, etc.):

Name and Address of provider	From (date)	To (date)	Diagnosis (if applicable)	Medications prescribed

**IN-PATIENT TREATMENT AND/OR HOSPITALIZATIONS**

3. Have you ever received been admitted for mental health in-patient treatment or hospitalization?  
 No       Yes. If yes, please identify the following:

Name and Address of provider	From (date)	To (date)	Diagnosis (if applicable)	Medications prescribed

**PSYCHOTROPIC MEDICATIONS (anti-depressants, anxiolytics, stimulants etc.)**

4. Have you ever been prescribed any psychotropic medications (prescribed to address mental health issues)?  
 No       Yes. If yes, please identify the following:

Name and Address of provider	From (date)	To (date)	Diagnosis (if applicable)	Medications prescribed

#### **4. MEDICAL INFORMATION**

1. Do you have any physical limitations that would affect your ability to care for your minor child/children?  
 No       Yes      If yes, please briefly describe the physical limitation:
- 

2. Have you ever been hospitalized for any medical reason?  
 No       Yes. If yes, please identify the following:

Name & address of provider	From (date)	To (date)	Diagnosis (if applicable)	Medications prescribed

3. Have you been under the care of a general medical practitioner?  
 No       Yes. If yes, please identify the following:

Name & address of provider	From (date)	To (date)	Diagnosis (if applicable)	Medications prescribed

4. Have you had any major illnesses/diagnoses?    No    Yes. If yes, please identify the information:
- 

5. Are you currently taking any medications?       No    Yes. If yes, please identify the following:

Name & address of provider	From (date)	To (date)	Diagnosis (if applicable)	Medications prescribed

5. Please identify all prescribed pain medications you have used during your lifetime.

Medication	Prescriber	From (date)	To (date)	Frequency of Use	If and when use was terminated

## **6. DOMESTIC VIOLENCE**

1. Have you ever been arrested and/or convicted for an incident of alleged Domestic Violence?  
 No       Yes. If yes, please identify the following:

Law enforcement agency	Date of report	Report #	Outcome of investigation

2. Have you ever been a named party in an order of protection (O.P.), temporary restraining order (T.R.O.) or Injunction?  No       Yes. If yes, please indicate:

Court/Jurisdiction	Date of order	Petitioner	Respondent	Status – Active/Inactive

3. Have you ever registered or resided in a domestic violence shelter?  
 No       Yes. If yes, please identify the following:

Location Name	Location Phone #	From (date)	To (date)

## **7. CONTACT WITH LAW ENFORCEMENT**

1. Have you been arrested and/or convicted for any alleged crime in any jurisdiction?  
 No       Yes. If yes, please identify the following:

Court/Jurisdiction	Date	Report #	Alleged Crime	Status (convicted, active, inactive)

2. Have you ever had a conviction set-aside by any court?  
 No       Yes. If yes, please identify the following:

Jurisdiction	Date	Conviction set aside Case #

3. Have you ever served any time in jail or prison?  No  Yes. If yes, please identify the following:

Location	Date	Case Number	Crime

### 8. POSSESSION OF FIREARMS

**PLEASE NOTE THAT WEAPONS ARE NOT PERMITTED ON THE PREMISES AT PHOENIX FAMILY AND FORENSIC SERVICES**

1. Do you currently own or possess any firearms?  
 No  Yes. If yes, please identify the following:

Type of firearm	Location	Purpose	Permit?	Locked?

### 9. SUBSTANCE USE

1. Have you received any mental health treatment for any substance use?  
 No  Yes. If yes, please identify the following:

Provider Name	Phone #	Date	Substance	Diagnosis

2. Have you ever received inpatient or outpatient treatment for any substance use (e.g. alcohol, drugs, medication)?  No  Yes. If yes, please identify the following

Location Name	Phone #	Date	Substance	Diagnosis

3. Do you drink alcohol? Please identify what alcohol is consumed and how often?

Alcohol Usage Y/N	What type	How Much	How Often

4. Have you ever attended AA//NA (Alcoholic's Anonymous/Narcotics Anonymous) or any other "12 step" programs?  No  Yes. If yes, please identify the following:

Location Name	Sponsor Name	Sponsor Phone #	Date	Type of Program

5. Have you ever been issued a citation and/or arrested while driving under the influence of alcohol, drugs or medication (e.g. DUI, DWI, etc.)?  No  Yes. If yes, please identify the following:

Agency	Date	Citation	Alleged Crime	Status (convicted, active, inactive)

6. Have you ever been issued a citation and/or arrested for any drug offense?  No  Yes. If yes, please identify the following:

Agency	Date	Citation	Alleged Crime	Status (convicted, active, inactive)

7. Have you ever appeared as the defendant in any Drug Court?  No  Yes. If yes, please identify the following:

Location	Date	Case Number	Crime

8. Have you ever completed a diversion program approved by the court whereby any criminal charges were dismissed?  No  Yes. If yes, please identify the following:

Location of program	Date	Case Number	Dismissed Criminal Charge

8. Please identify all illegal drugs you have used during your lifetime.

Name of Drug	Date of first use	Last date used	Frequency of Use	If and when use was terminated
Marijuana				
Methamphetamines (Meth)				
Speed				
Inhalants				
Cocaine				
Psychedelics				
Opiates (Pain medication)				
PCP, Angel Dust				
Spice				
Other:				

9. Have you had any negative interactions/experiences with use of above drugs?  
 No     Yes. If yes, please explain:

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10. Please identify family members who have had substance use issues.

Name	Relationship to you	Describe substance use issues

### **10. CHILD ABUSE/NEGLECT**

1. Have you ever been contacted by a child protection agency in any jurisdiction (e.g. CPS)?
2.  No     Yes. If yes, please identify the following:

Location of agency	Caseworker	Date	Report #	Status (convicted, active, inactive)



2. Have you ever been the subject of an investigation by a child protection agency in any jurisdiction?  
 No       Yes. If yes, please identify the following:

Location of agency	Caseworker	Date	Report #	Status (convicted, active, inactive)

3. Have you ever been accused of child abuse or neglect by anyone or any governmental agency?  
 No       Yes. If yes, please identify the following:

Name of individual/agency	Phone number	Date	Alleged behavior

4. Have you ever been arrested, issued a citation for, or convicted of custodial interference?  
 No       Yes. If yes, please identify the following:

Agency	Date	Report #	Status (convicted, active, inactive)

5. Have you ever been a party/parent in a delinquency or dependency legal action?  
 No       Yes. If yes, please identify the following:

Court	Date	Case #	Status

### **11. DRIVING RECORD**

1. Is your driver's license currently suspended, cancelled, revoked or refused?  
 No. If no, please identify the following regarding your current license:

State	License Number	Expiration Date

- Yes. If yes, please identify the following regarding the current status of your license:

State	Date	Reason	Status (convicted, active, inactive)

2. Has any prior driver's license been suspended, cancelled, revoked or refused?

No       Yes. If yes, please identify the following:

State	Date	Reason	Status (convicted, active, inactive)

### **12. PRIOR WORK HISTORY**

1. Please identify your history of employment (only include what you consider significant jobs):

Company	Location	Dates of employment	Reason for leaving



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**RECORDS QUESTIONNAIRE**

Name:

**Please complete this form and return to Phoenix Family and Forensic Services prior to your first visit. You are encouraged to provide additional paper if the information does not fit on this form.**

**Please identify all mental health providers who the subject of this evaluation has been involved with at any time:**

Provider Name	Address	Phone & Fax #	Individual(s) who Participated	Dates in treatment
				to
				to
				to
				to
				to
				to
				to
				to
				to
				to

**Please identify all medical professionals who the subject of this evaluation has been involved with at any time:**

Provider Name	Address	Phone & Fax #	Individual(s) who Participated	Dates in treatment
				to
				to
				to
				to
				to
				to
				to
				to
				to
				to

**Please identify all police agencies that have been involved with the subject of this evaluation at any time:**

Name of agency	Report #	Individual(s) involved	Date of event	Description of event
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**Please identify all child protective agencies (e.g.) that have been involved with the subject of this evaluation at any time:**

Name of agency	Report #	Individual(s) involved	Date of event	Description of event
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**Please identify any other objective documentation that you believe is relevant to this process:**

Document	What concern does this document address (how is it relevant)
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**Please identify any other documentation that you seek to submit for consideration:**

Document	What concern does this document address (how is it relevant)
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Print Name:

Date:

Signature: \_\_\_\_\_