Custody Evaluation Release of Information

I agree to undergo an evaluation, and to allow my child/children to undergo an evaluation, by Dr. Teri Pokrajac, for the purpose of providing information relevant to decisions about the custody of my child/children. I make this choice freely and with no duress. The evaluation may consist of psychological testing, interviews, communications, observations, and information gathering from collateral resources. It may also require drug testing and review of reports from police and Child Protective Services. Although every effort is made to create a comfortable environment, I recognize that my child/children and I may experience this process as stressful, and I hereby hold Dr. Pokrajac harmless from and against any and all outcomes to me or to my child/children.

I hereby authorize Dr. Pokrajac to release information about this evaluation to the following sources and to receive information from these sources regarding myself, and my child(ren):

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| --- | --- | --- | --- |
| Source | Phone Number | Fax Number | Email |
| All attorneys and judge: |  |  |  |
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Other important collateral contacts:

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I understand that Dr. Pokrajac will submit an evaluation report to the Court and that this report will reflect her professional opinion based on the information at hand. Dr. Pokrajac’s opinion may influence the Court’s decisions regarding custody, but I understand that Dr. Pokrajac does not actively make such decisions herself. I therefore and hereby hold Dr. Pokrajac harmless from and against any and all outcomes resulting from and/or in connection with the evaluation report.

I agree to cooperate with the evaluation process to the fullest extent possible so that this legal matter may be resolved in an expedient manner. I agree to be honest in providing information and to refrain from knowingly withholding anything that might be pertinent to this evaluation.

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Signature Printed Name Date

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