

Court Policies

I, Christy Reeder Ph.D., do not provide custody evaluations or recommendations. In rare and unusual situations where I might be required to testify in court, I will not agree to court appearances or other legal involvements unless we have discussed the matter thoroughly and we both agree that such involvement is within my range of competence and will not interfere with the treatment relationship. I do not provide recommendations on custody matters as it is outside my area of professional competence, and doing so detracts from therapy and interferes with treatment goals. If you require this service for court, it is in your best interest to hire another mental health provider for this purpose.

Should you, your attorney, your spouse, or ex-spouse's attorney subpoena or involve me in court related processes, you agree to pay \$150.00 per hour for every hour of my time involved with a four hour minimum fee, including but not limited to phone consultation with client and/or client's attorney about court hearings, drive time, wait time, court testimony and/or deposition, paperwork preparation and any other legal matters. A retainer fee of \$1,500.00 is due at the time a subpoena is served and will be applied toward all court related services. Additional retainers in increments of \$1,500.00 are due after ten hours of service are billed. All court related fees must be paid in advance.

Please note that receipt of a subpoena will result in a consultation with an attorney at your expense.

Christy Reeder, Ph.D., will not release records to any outside party unless authorized to do so in writing, by every member of the couple or family in treatment able to execute a waiver unless subpoenaed by the court. If you choose to have Christy Reeder, Ph.D. subpoenaed with or without approval all above charges will apply.

Initial one of the following:

_____ **I AM seeking counseling for court testimony or court involvement on behalf of my therapist.**

_____ **I AM NOT seeking counseling for court testimony or court involvement on behalf of my therapist.**

By signing this form you are acknowledging that you have let this therapist know if you and/or your child are attending counseling for court related purposes or motivations.

By your signature below, you are indicating that you have read and understand this document and any questions you had about this document were answered to your satisfaction. You agree to waive your therapist's involvement in any legal matter's they deem not appropriate for their participation.

In the event of attachment/trauma team treatment, this agreement applies to both therapists involved.

Client/Guardian (if client is a minor)

Full Name (print): _____

Signature: _____

Date: _____

Therapist: _____

Date: _____