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CHILD CUSTODY/PARENT TIME EVALUATION STATEMENT OF UNDERSTANDING

If you have difficulty reading or understanding this or any other document, let Dr. King know and plans will be made for this and other documents to be read, explained, or translated for you.

General Information

The purpose of custody/parent time evaluations is to investigate the children's needs and the ability of each party to meet those needs. This information is used by the parties and/or a court to facilitate decision-making.

Persons to be examined include the parties and the children about whom custody and parent time decisions are to be made, as well as stepparents or significant others. Information may be gathered about other adults and children who reside with or have significant relationships with the children and these persons may be examined.

Parties will complete questionnaires and interviews. Their homes will be visited and they will be observed interacting with the children. Children may be interviewed. Information about the children's development and behavior will be obtained from the parties. The children's school records and information about their behavior at school and/or day care will be requested. Psychological testing of both parties is rarely a part of the evaluation since results are frequently not useful or necessary. Psychoeducational testing of the children may take place if it is apparent the children may have special needs that require assessment. Collateral witnesses may be interviewed.

You may be asked to submit to random drug and/or alcohol testing. You may be asked to allow Dr. King to request your criminal history records. If there is a history of involvement by the Division of Child and Family Services you may be asked to have those records released to Dr. King.

When the evaluation is complete, a custody evaluation conference (or Rule 4-903 conference) is scheduled. Conference participants include the adult parties, the evaluator, attorneys, and often a mediator. At the conference, the evaluator gives an oral presentation of findings and recommendations. Parties are given an opportunity to reach an agreement. A written report is not necessarily provided but may be requested and provided at a later date.

Also see the *Procedures and Costs* document for additional information.

Your initials _____

Best Interest of the Child Standard

This evaluator's standard is the "best interest of the child." This means recommendations will be based on the best interests of the children. In making recommendations, the evaluator will assess parenting capacity according to criteria in Rule 4-903 of Utah's Rules of Judicial Administration as well as practice standards including the American Psychological Association's *Guidelines for Child Custody Evaluations in Divorce Proceedings* and the Association of Family and Conciliation Courts' *Model Standards of Practice for Child Custody Evaluation*.

Avoiding Conflicts of Interest and Appearance of Bias

If you are familiar with Dr. King from any other setting and/or have any reason to believe a conflict of interest may exist, please call this to Dr. King's attention immediately. If a conflict appears to be present, Dr. King will remove herself from the evaluation unless Dr. King and all parties decide to waive the potential conflict and Dr. King receives written confirmation of that waiver.

Fee related matters will not influence any aspect of the evaluation. An initial referral to this evaluator by either attorney or party, or a preliminary conversation between this evaluator and either attorney or party, does not mean the evaluator was retained by that party or was retained to advance that party's interest. Both parties will be given the opportunity to share as much information as they desire, with the understanding that requests for extraordinary amounts of time will result in additional costs. Both parties will be given the opportunity to respond to allegations about them.

Confidentiality

Privileged communication cannot be claimed where the person is examined by a psychologist pursuant to court order. All parties should be aware any and all information gathered, including questionnaires completed, test results, interview notes, and records submitted by the parties for review, may ultimately be subpoenaed by a party's attorney, submitted to the Court, or shared with others such as consultants who may be retained to review the evaluator's work. This includes information gathered from and about the parties, the children, spouses or partners, and information from collateral witnesses.

Rule 4-903 states that every order requiring the performance of a custody evaluation shall restrict disclosure of the evaluation's findings or recommendations and privileged information obtained except in the context of the subject litigation or other proceedings as deemed necessary by the Court. When a written report is requested, it will be provided to attorneys who may permit their clients to read the report in their offices. However, attorneys may be asked to refrain from releasing a copy of the report to their clients.

Your initials _____

Audio/video recordings of interviews or other sessions with Dr. King may not be made unless both you and Dr. King give prior consent in writing. To facilitate her work, Dr. King may consult with peers, i.e., other child custody/parent time evaluators, without revealing the identities of the adult or child parties. Your signature on this form indicates you consent to this consultation.

There are situations in which Dr. King is required to reveal information to persons or agencies other than the court and each party's attorney based on state law. Those situations include but may not be limited to:

If Dr. King has reason to believe that a child has been subjected to incest, molestation, sexual exploitation, sexual abuse, physical abuse, or neglect, or Dr. King observes a child being subjected to conditions or circumstances which would reasonably result in sexual abuse, physical abuse, or neglect, she must immediately notify the nearest peace officer, law enforcement agency, or the Office of the Utah Division of Child and Family Services.

If Dr. King has reason to believe that a vulnerable adult (defined below) is suffering from abuse, neglect, abandonment or exploitation, she is required by law to make a report to either the Utah Adult Protective Services intake, or the nearest law enforcement agency as soon as she becomes aware of the situation.

A "vulnerable adult" means an elder adult, or an adult who has a mental or physical impairment which substantially affects his or her ability to: (a) provide personal protection; (b) provide necessities such as food, shelter, clothing, or mental or other health care; (c) obtain services necessary for health, safety, or welfare; (d) carry out the activities of daily living; (e) manage his or her own resources; or (f) comprehend the nature and consequences of remaining in a situation of abuse, neglect, abandonment or exploitation.

If you file a lawsuit or a complaint against Dr. King with the Utah Division of Occupational and Professional Licensing, she may disclose information from your records relevant to the suit or complaint.

If you communicate to Dr. King an explicit threat to kill or inflict serious bodily injury upon a reasonably identifiable person, and you have the apparent intent and ability to carry out that threat, she has the legal duty to take reasonable precautions. These precautions may include disclosing relevant information from your mental health records which is essential to protect the rights and safety of others. She also has such a duty if you have a history of physical violence of which she is aware and she has reason to believe there is a clear and imminent danger that you will attempt to kill or inflict serious bodily injury upon a reasonably identifiable person.

If a communicable disease is reported to her, Dr. King is required to report that disease to the Utah State Department of Health. Reportable communicable diseases include, but are not limited to: AIDS, Hepatitis, Sexually Transmitted Diseases, and Smallpox.

Your initials _____

SIGNATURE

Please place your initials at the bottom of each of the preceding three (3) pages of this document and submit all four (4) pages of this document to Dr. King. Your signature below certifies you agree to permit a copy of this authorization to be used in place of the original.

Your signature below certifies you have read and understood to your satisfaction the information reported in this document. You have had the opportunity to review this document with an attorney and receive legal guidance. You agree to the procedures, terms, and conditions presented in this document.

Your signature certifies you give your consent for the evaluation of yourself and your children. You agree to cooperate with all aspects of the custody evaluation, participate in good faith, and provide information that is truthful and accurate to the best of your knowledge. Your signature certifies you release Dr. King from liability for any outcomes resulting from her undertaking of this evaluation. You agree she shall be immune from civil litigation so long as her procedures are found to be consistent with the practice guidelines in effect at the time of the evaluation.

Your printed name

Your signature

Date signed

04.11.18