

**PARENTING PLAN  
PATIENT INFORMATION FORM**

**PARENT NAME:** \_\_\_\_\_  
\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

**HOME ADDRESS (NO P.O. BOX):**  
\_\_\_\_\_  
ADDRESS \_\_\_\_\_

OTHER PARENT NAME:  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

**OTHER PARENT BUSINESS/PLACE EMPLOYMENT:**  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NAME OF BUSINESS OR EMPLOYER

CELL PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**# TO CALL FOR APPT. REMINDERS:** \_\_\_\_\_

EDUCATION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Referred By(Please specify names):

**BUSINESS OR PLACE OF EMPLOYMENT:**  
\_\_\_\_\_

(a) Doctor: \_\_\_\_\_

(b) Attorney: \_\_\_\_\_

(c) Friend: \_\_\_\_\_

d) Yellow Pages: \_\_\_\_\_

(e) Public/Private Agency: \_\_\_\_\_

(f) Other: \_\_\_\_\_

NAME OF BUSINESS OR EMPLOYER

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

ALTERNATE CONTACT:  
\_\_\_\_\_

Name/Relationship/Phone

Previous therapy or counseling (list approximate dates, places and therapist's name)  
\_\_\_\_\_  
\_\_\_\_\_

List all medical conditions for which you are currently being treated or medications you are currently taking:  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY INFORMATION**

List minor children's name, ages, dates of birth and schools they attend

<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Date of Birth</i>	<i>School</i>	<i>Grade</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Insurance will not cover the cost of these services. Payment arrangements and designation as to who is responsible for payment must be established prior to or at the time of service. No responsibility is accepted for resolving financial disputes between the parties by the Silver Psychology Center. By signing below you acknowledge these terms.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

*Jill D. Sanders, Ph.D.*

*Silver Psychology Center*

4461 Camino Real Way  
Fort Myers, Florida 33966-1019  
(239) 936-1336  
FAX: (239) 936-4927

**Provisions for Serving as an Impartial Evaluator for a  
Parenting Plan Evaluation**

It is our policy only to serve as a court-appointed impartial evaluator or by mutual stipulation when a Parenting Plan Evaluation is required. To serve optimally in this capacity we must be free to avail ourselves of any and all information, from any source, that we consider pertinent and reasonable to have. In this way, we believe we can serve best the interests of children and parents involved in the present litigation. Accordingly, the following conditions must be agreed upon by both parents.

- 1) The presiding judge or the parties mutually agree to appoint Jill D. Sanders, Ph.D. to conduct the Parenting Plan Evaluation. As part of this evaluation you will be asked about your current psychological functioning, your personal history, your separation/divorce, your relationship with the other parent, as well as your relationship with your child or children. In addition, you will be questioned about your involvement in your child's or children's life, your knowledge of your child(ren) and your parenting skills. Your child(ren) will also be interviewed about their experiences. While parents sometimes worry that this process will be upsetting to children, our experience suggests that unless the parents are attempting to manipulate their child(ren) that this is not the case. Most children feel comforted by the opportunity for input in a decision that will so vitally affect their lives. Other areas of inquiry will include your willingness to encourage a relationship with the other parent, your willingness to honor timesharing schedules, to make reasonable changes when necessary, the anticipated allocation of parental responsibilities, the geographic viability of sharing (including travel time) given the distance between residences, your knowledge of your child(ren), your ability to provide consistency, your capability for communicating with and informing the other parent about your child(ren), the prior history of your childcare involvement, your disposition toward involvement and participation in your child(ren)'s school and extracurricular activity, your demonstrated capability to protect your child(ren) from the effects of litigation and your willingness to refrain from making disparaging comments about the other parent to the child(ren), as well as your ability to meet your child(ren)'s developmental needs.
- 2) All members of the immediate family--that is, the mother, father, stepparents will be made available for as many interviews (individual and in any combination) as considered warranted. In addition, we reserve the right to invite any parties whom we would consider possible sources of useful information to participate in the evaluation. Generally, these would include such persons as present or prospective parental surrogates with whom either parent may be involved. **Usually we do not interview friends and relatives each of whom, from the outset, is particularly partial to one of the parents.** Only if we consider it warranted will we invite such parties to respond either to a written questionnaire or through telephone contact or personal interview. Collaterals will be informed in advance that the information provided will **not** be confidential.
- 3) Information will be gathered from clinical interviews, observations and psychological test data and possibly collateral interviews. We routinely use formal psychological tests. Accordingly, the parents shall agree to take all psychological tests that we consider helpful. In addition, participants agree to have any of the children take such tests as we consider warranted.

- 4) In order to allow the freedom of inquiry necessary for optimally serving families involved in a Parenting Plan Evaluation, the parents shall agree that we be given the freedom to reveal to one party what has been told to us by the other (at our discretion) so that we will have full opportunity to explore all pertinent points with both parties. This does not mean that we will not respect certain privacies or that we will automatically reveal all information provided us--only that we reserve the right to make such revelations if we consider them warranted for the purpose of collecting the most meaningful data.
- 5) By the fact that this evaluation is pursuant to a legal proceeding, there is no guarantee of confidentiality. While we will use our clinical judgment and a degree of discretion, it is possible that any material facts we discover may come out to the other side through our interviews, report, deposition, or testimony. Please bear this in mind.
- 6) The parties shall agree to sign any and all releases necessary to obtain reports from others, e.g., psychiatrists, psychologists, social workers, teachers, school officials, pediatricians, hospitals (general and psychiatric), etc. This includes past records as well as reports from professionals who may be involved with any of the parties at the time of the litigation. Although we may choose not to request a particular report, we must have the freedom to obtain any such reports if we consider them useful sources of information.
- 7) It will be your responsibility to make known to the evaluator any concerns or issues you have that you want the evaluator to look into. Also, it is your responsibility to provide documentation or sources of corroboration for any allegations you make. Otherwise, allegations only produce a "he said – she said" standoff that wastes time and money, and is ultimately unhelpful to resolving the dispute.
- 8) Our role in this procedure is strictly one of evaluation. Ethically we are obliged to restrict ourselves to this role. Therefore, we will not provide therapeutic services, advice, psychological counseling or crisis intervention. If such services are needed they should be obtained independently. Any recommendations will appear in the "Findings and Recommendations" section of our report once it is written.
- 9) Our fee for conducting a custody evaluation is \$240 per full hour of time. Time spent in interviewing, as well as time expended in report preparation, dictation, pertinent telephone conversations, court preparation, and any other time invested in association with the evaluation will also be billed at the \$240 per hour fee. There will be a full charge for any scheduled appointments which are not kept or cancelled without a 24-hour notice. Our fee for depositions or court appearances is \$250 per hour and \$185 per hour travel time to and from our office. Appointments and telephone calls will only be made and taken during normal working hours.

A prepayment of \$5000 is required, \$2500 of which is a non-refundable **retainer**. This payment will be applied to services rendered on an hourly basis. Any further expenses must be paid at the time of service. **The final report will not be written until the bill is paid in full.**

The average total cost for a Parenting Plan Evaluation is usually in the \$5,000-\$8,000 range. Although this figure may initially appear high, it is generally far less costly than protracted litigation. If, as a result of the evaluation, the litigation is shortened (often the case) or the parties decide not to litigate further over a parental sharing plan (also a common occurrence), then the net savings may be significant. It is very difficult, if not impossible, to predict the cost of a particular evaluation because we cannot know beforehand how many interviews will be necessary or all the issues that require scrutiny and whether or not we will be asked to testify in court.

- 10) We do not usually conduct home visits unless there is a specific request and good reason to do so.
- 11) Both attorneys are invited to send us any material that they consider useful to us.
- 12) Your level of cooperation during this procedure is significant and may be factored into and reported upon in our report. If you have any concerns about what to disclose, please consult your attorney. This is particularly true for any matters you think may be harmful to your legal case. We need for you to be as accurate and truthful as possible. Should we discover deliberate falsification, this would cause us to be very skeptical of any information you provided, and this would not be to your advantage.
- 13) Under Florida law, we must report any suspected physical or sexual abuse of children. Therefore, if you or your child(ren) reveal such abuse, we have no recourse but to report it, unless this information has been previously reported.
- 14) As a way to potentially reduce the costs of this evaluation, your attorney will first be provided with our Findings and Recommendations section. This will summarize our findings and apply the information derived from our evaluation to the legal standards that a Judge must consider in deciding your case. Our hope, though, is that the information provided is sufficient to help you, in consultation with your attorney, work out a settlement without going through the additional cost and ordeal of a full Court hearing. However, please bear in mind that your account must be paid in full before the Findings and Recommendations section will be provided.

If, however, after reviewing our “Findings and Recommendations”, you decide you want a more comprehensive report that contains the complete data upon which the Findings and Recommendations were based, you may request this in writing. Since there is a considerable cost to compile and organize this information, this will maximize the cost of the evaluation. The usual estimated additional cost for this is \$1,700 to \$2,000.

- 15) Any issues that arise between the parties regarding payment must be resolved by the parties themselves before proceeding further.
- 16) Under Florida law a claimant is responsible for any costs and expenses, including reasonable attorney’s fees, incurred in connection with any legal claims, legal actions, investigations, administrative proceedings (including informal proceedings and regulatory complaints), or any other actions brought by the claimant or on behalf of the claimant’s child or children, against a court-appointed psychologist performing a Parenting Plan Evaluation who is not held liable. Under Florida law any parent who desires to file legal action against a court-appointed psychologist performing a Parenting Plan Evaluation first must petition the presiding judge to appoint another psychologist and show good cause before legal action can be pursued against the original psychologist.
- 17) After reading this, Dr. Sanders will be glad to answer any questions you may have about the nature and purpose of this evaluation. Having read the above I agree to participate in this evaluation and abide by its provisions.

**Statement of Understanding**

I recognize the possibility that the Silver Psychology Center / Dr. Sanders may not ultimately support my position in the litigation. Nevertheless, I will still fulfill my obligation to pay my part of the evaluation cost. I understand that this may entail the payment of fees associated with preparation of the report or testimony even though it might not support my position.

I understand that every bit of information collected during this evaluation will not necessarily appear in the final report. There is no way to include all the information collected during the evaluation process. Therefore, the information contained in the report will of necessity be selective. However, what is incorporated into the report's content will be guided by prevailing professional standards and will include material thought to be most relevant and informative to the Court in regard to creating a Parenting Plan sharing schedule.

I agree to pay to the Dr. Sanders / Silver Psychology Center my legally specified share of the cost for services provided.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Anticipated Court Date: \_\_\_\_\_

Note: Please let this office know if the above court date is changed. This information helps us to prioritize our report completion.

Please list all mental health professionals or facilities with whom you have been in contact.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list name, date of birth, age, and school of all children involved in the evaluation.

Name	Date of Birth	Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RETAINER NOTICE**

The initial fee of \$\_\_\_\_\_ to be paid toward either helping you develop a Parenting Plan/Sharing Schedule or conducting a Comprehensive Parenting Plan Evaluation with specific time sharing recommendations based upon the legal criteria in Florida Statue 61 is partly considered a retainer fee. That is, if either your participation in developing a Parenting Plan/Sharing Schedule or Comprehensive Parenting Plan Evaluation with written time sharing recommendations is discontinued for any reason before its completion, a retainer fee of \$\_\_\_\_\_ is NON-REFUNDABLE. However, whatever professional services are rendered will be charged at the rate of \$240 per hour against the retainer. Any hourly charges in excess of the retainer must be secured by a credit card and your signed permission to use your credit card to cover the charges. As an alternative, you may make a payment of \$2500 once your retainer is exhausted. Your signing of this notice acknowledges that you accept responsibility for payment of your legally specified share of the cost of the services provided by the Silver Psychology Center.

I have read this RETAINER NOTICE and agree to abide by its provisions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**GUARANTEE OF PAYMENT**

**I understand and agree that Robert B. Silver, Ph.D., P.A. D/B/A The Silver Psychology Center may charge my credit card or debit card in the event I have been notified by letter or phone that I owe a balance, and I have been allowed to pay my bill within 10 days by cash or certified check and I do not pay within those 10 days. This guarantee of payment is valid for twelve consecutive months after my last visit unless I cancel this authorization through written notice to The Silver Psychology Center.**

\_\_\_\_\_  
Cardholder's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Credit Card Number (VISA, M/C, AMEX, Discover, Debit)

\_\_\_\_\_  
Card Expiration Date

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Office Personnel Initials

\_\_\_\_\_  
Cardholder's Full Billing Address (No P.O. Boxes)

**Thank you.**