



Consent for Psychological Services to Children

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

There are minimal risks to interviewing children in domestic relations cases. The child will not be asked direct questions about parental preferences, so as not to create anxious concerns about parental loyalty. However, on rare occasions the child may feel some anxiety after their interview because they wonder if they gave “correct” answers. The anxiousness in these cases usually dissipates within 24 hours. If you are concerned about your child’s reaction to his or her interview, please contact me.

I understand that I do not have the same access to my child’s records gathered for a court-ordered evaluation as I would if the child were being treated or assessed for other purposes. These records essentially belong to the court and must be properly subpoenaed in order to be released.

I, _____, am the legal custodial parent of the child(ren) listed above. I consent to the following psychological services for the child(ren) named above.

Some or all of the following may be used.

- Clinical Interview of the child(ren)
- Observations of the child(ren) with parents
- Standard psychological test instruments

Your relationship to the child: ___Parent ___ Stepparent ___ Grandparent ___ Other

_____	_____	_____
Signature of person giving consent	Date	Printed name of person giving consent