

# ***Jill D. Sanders, Ph.D.***

## INFORMED CONSENT FOR COURT ORDERED FORENSIC PSYCHOLOGICAL EVALUATION

It is important that you understand the philosophy, purpose and procedures related to this type of evaluations. Please read this entire document carefully. Your signature at the end of the document indicates that you understand all the material presented here, have had the opportunity to ask questions and **agree** to the parameters and procedures outlined below.

### PURPOSE:

1. The purpose of a court ordered, forensic psychological evaluation is to answer specific questions about you related to issues before the Court in your case. That means that Dr. Sanders will be focused on providing the court with detailed information about you which the Court may use to make decisions in your case. Dr. Sanders is required to form professional opinions and offer the Court professional recommendations based on this evaluation. **Your best interests are not the focus of this evaluation.**

### METHODS:

1. Dr. Sanders accepts only cases which have been court ordered.
2. The following methods are typically used in these types of evaluations. However, not all of these methods are utilized in all evaluations and sometimes cases require unusual methods which are not on this list:  
Individual interviews  
Collateral interviews (i.e. teachers, therapists, physicians)  
Document review  
Psychological testing  
Drug/alcohol testing.
3. Topics covered in adult interviews may include (but are not limited to): family history, educational history, employment history, substance use, psychological/psychiatric treatment, medications, health, and relationship history.
4. Dr. Sanders often conducts a search of public records on evaluation clients and/or their family members.
5. In all cases Dr. Sanders will determine the methods to be used. Dr. Sanders will determine which persons will be interviewed, how often they are interviewed, what psychological tests or questionnaires will be administered, how long the interviews will last and the content of the interview. She will also determine what collateral sources she will contact and what documents she will review.

6. You may be asked by Dr. Sanders to submit to drug and or alcohol testing. This could include urine, hair, or nail testing. If this is requested, you must complete the testing at the designated test facility within 24 hours. If you fail to comply within the time requirement it will be considered a failed test.

#### CONFIDENTIALITY AND INFORMATION SHARING:

1. **These are NOT confidential evaluations.** Dr. Sanders' report will be distributed to the attorneys involved in your case and to the Court.
2. You may not release Dr. Sanders' report to anyone without her knowledge. You may request that Dr. Sanders release your report to another mental health professional for the purpose of furthering ongoing treatment or further evaluation.
3. You agree to sign all releases as requested by Dr. Sanders so that she may speak with other persons with relevant information (i.e. teachers, therapists, school officials, physicians, police, etc.). However, the order appointing Dr. Sanders allows her to contact anyone or any entity about you without further or specific release from you.
4. Materials which otherwise might be protected by HIPPA or other laws are no longer protected once they are entered into Dr. Sanders' file. These types of materials will be available to the Court or to case attorneys via subpoena.

#### TIME FRAMES:

1. Dr. Sanders will not schedule an evaluation without an order from the court. Appointments will be scheduled as soon as possible following the receipt of the order. If your court order provides a specific time frame for completion of the evaluation Dr. Sanders will attempt to meet that deadline. However, Dr. Sanders reserves the right to petition the attorneys and the court for an extension if she feels unable to produce a thorough report within the time limit.

#### PROFESSIONAL GUIDELINES:

1. Dr. Sanders may only function in the role of evaluator. She will not provide guidance, advice, therapy or mediation services during the evaluation. Her conclusions and recommendations will be offered in writing at the end of the evaluation.
2. Dr. Sanders is aware of and practices in line with the aspirational guidelines for these types of evaluations that are published by the American Psychological Association and the Association of Family and Conciliatory Courts.

## YOUR RESPONSIBILITIES:

1. Your cooperation with the evaluation process is important and Dr. Sanders will take your cooperation into account in her conclusions and recommendations. Please consult your attorney if you have questions about what to discuss and divulge. Deliberate misleading or deceptive behavior on your part will be noted in the report and in testimony and will seriously reduce your overall credibility as it pertains to the evaluation.
2. It is your responsibility to be as candid and forthcoming as possible with Dr. Sanders so that the information she gains is accurate and thorough.
3. It is your responsibility to voice your specific concerns or issues so that Dr. Sanders can investigate and evaluate those concerns/issues.
4. It is your responsibility to provide any materials and documentation to Dr. Sanders that you believe is important in helping her conduct a thorough evaluation.
5. It is your responsibility to provide Dr. Sanders' with materials she may request from you that are in your power to release.

## FEES:

1. Dr. Sanders does not have the authority to alter the fee arrangement as outlined in the Court order for this evaluation.
2. All services related to the evaluation will be billed according to the court order.
3. Dr. Sanders' fee for evaluation is \$240 per hour. Services will be billed in increments no less than ¼ hour. This rate applies to time spent in interviews, observations, testing administration, review of documents/materials, review and response to emails/letters/phone calls or any other activity associated with the evaluation.
4. The rate for deposition preparation, deposition appearance, trial preparation and trial appearance is \$250 per hour.
5. Travel within the state of Florida is billed at the rate of \$100 per hour.
6. A \$2500 retainer is collected prior to the start of a forensic psychological evaluation. One half of this retainer is non-refundable even if the Court order for the evaluation is vacated.
7. If the retainer you provided is exhausted and Dr. Sanders contacts you to obtain additional retainer funds, she may choose not to do further work on your case until the additional retainer is paid.
8. The final report will not be released until the bill is paid in full.

9. It is impossible to predict the final cost of an evaluation.

LEGAL ISSUES:

1. Dr. Sanders is required to report any suspected physical or sexual abuse of children or adults. If you report such abuse, she must report it unless it has been previously reported.

REPORT DISTRIBUTION:

1. Distribution of reports is guided by the Court order. Dr. Sanders may not be allowed to give you a copy of the report directly. All parties to the case are responsible for not allowing or promoting the distribution of the report to anyone who is not authorized by the Court to receive it.

STATEMENT OF UNDERSTANDING AND AGREEMENT:

- I understand that Dr. Sanders has the right to choose which methods to apply to my evaluation.
- I understand that she may not support my opinions, desires or perspective.
- I agree to fulfill my financial obligation to pay her fees even if her report is deemed damaging to my case.
- I understand that Dr. Sanders cannot include all information gathered in the body of the report and that she will use professional judgment as to the inclusion/exclusion of information.
- I agree to pay Dr. Sanders for all services provided, even if they exceed initial estimates or retainers.
- I understand all the items in this document, have had the opportunity to discuss this document with Dr. Sanders and am providing my signature as evidence of my informed consent.

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Signature/Date