



DISCLOSURE AND INFORMED CONSENT FOR CHILD AND FAMILY INVESTIGATOR (CFI) SERVICES

1. **Court Ordered Child and Family Investigator (CFI):** I understand that the court appointed **KEDISHA DIXON** as CFI. I understand that **KEDISHA DIXON** does not work for me, for my attorney, for any other party to the dispute, or for any attorney involved in the case. I understand that **KEDISHA DIXON** will provide information to the court, including but not limited to information related to my children, in accordance with the court order of appointment and in accordance with the documents in the Child and Family Investigation Packet, which I have received, including:
 - a. CFI Policies for Parties;
 - b. CFI Communication Policies for Counsel and Self-Represented Parties;
 - c. Fee Agreement and Policies (for private pay cases);
 - d. Authorization for Release of Information;
 - e. Child and Family Investigation Intake;
 - f. Parent Profile; and
 - g. Teacher Questionnaire.

2. **Waiver of Confidentiality:** As to the other parties, attorneys of record and the court, I understand the CFI cannot keep information I share confidential, except as required by the Address Confidentiality Program. Otherwise, information I share is generally not confidential. I understand that, unless otherwise specified, a report summarizing legally relevant information consistent with the order of appointment will be provided to the court, the attorneys, and the adult parties, including information regarding the members of my family and others. I understand that the parties and attorneys involved in the case may request a copy of the file according to Standard 12 of Chief Justice Directive 04-08. I understand that despite these limitations to confidentiality, I should inform the CFI of any specific concerns that I have about the sharing of information, including concerns related to my child and to me. I understand that the CFI is a mandatory report of child abuse and neglect.

3. **Availability:** I understand that I must make myself and the children available for interviews and interaction with and observation by the CFI. I understand that the CFI will conduct an investigation in accordance with the court order of appointment and will determine what information is necessary to carry out the scope of the ordered investigation. I understand that I must make available any materials the CFI believes are pertinent and that I am required to cooperate with the CFI investigation. If other people play an important role in my children's lives, I understand that the CFI may want to gather information from them.

4. **Outcomes:** I understand that whatever the outcome of the CFI investigation, the court, not the CFI, makes the decisions in my case. The court may be persuaded by or disregard the CFI recommendations. I understand that I may not like the outcome of the investigation and that may have to reveal information, from myself and others, that I would otherwise prefer to keep private.

5. **Releases of Information:** I understand that I must sign releases of information for any professionals who have had contact with my children or with me upon request of the Child and Family Investigator.



6. Attorneys: I understand that I have the right to consult with an attorney at any time, for any reason. I understand that I can ask to temporarily postpone appointments and temporarily postpone signing agreements and authorizations for release of information until I have consulted with an attorney.

7. Protecting Children: I understand that I will receive a copy of the CFI Report at the completion of the investigation. I understand that:

- I am not, in any way, to share the contents of the report with the children;
- I am not to question the children about their statements to the CFI; and
- I understand that sharing the report with the children or questioning them about their statements could be detrimental to their well-being.

By signing this document, I agree not to discuss or share the contents of the report to my children.

8. Signed agreements: I understand that the investigation will not proceed until all parties sign this agreement.

I have reviewed the foregoing information and understand the contents. My signature, below, indicates my approval and agreement.

9. Address Confidentiality Program:

I am protected by the Address Confidentiality Program and request non-disclosure of the following information: _____

I am not protected by the Address Confidentiality Program. I understand that if I obtain protection from the Address Confidentiality Program, I must provide written notice to the CFI.

Signature

Printed Name

Date