

Mediation & Custody Evaluation Services (MCES)
Center Street Center | Tracy E Hill, Ph.D. & Associates LLC

MCES INTAKE FORM | BENEFIT

CASE Name: _____

Docket #: _____ Judge: _____

County: _____

Petitioner's Name: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Email address: _____

Phone Number: _____ cell/home

Attorney for
Petitioner: _____

Email
Address: _____ Phone: _____

Respondent's
Name: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Email address: _____

Phone Number: _____ cell/home

Attorney for
Respondent: _____

Email
Address: _____ Phone: _____

Children Involved in Custody:

Name	Age	DOB	Gender

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Schedule of Fees (Estimated):

P	R	O	
\$35	\$35	\$35	Reduced Fee Application
\$1,125	\$1,125	\$2,250	Evaluation Procedure. (\$2,250) Benefit Fee is split between both parties. If another party is involved (O), they would be responsible for the additional fee. This fee is based on one child, six sessions.
\$300	\$300	\$300	Compacted Evaluation. When one or both parties live in another jurisdiction making weekly appointments impractical, the evaluation is completed within 3 to 4 consecutive working days.
\$300	\$300	\$300	Expedited Report. Requested by judge, 14-day minimum preparation time.
\$100	\$100	\$100	Relocation Case. If one party is requesting to relocate and has filed such with the Court.
\$	\$	\$	Subtotal including the Reduced Fee Application
			Additional Children over the first child \$100/child.
			Each Collateral. \$100/hour/collateral.
			Additional Sessions. If either parent or Evaluator feels that any additional sessions are required: \$100/hour.
			Home Visits. If either parent is requesting a home visit of the other parent \$150/home visit within a ten mile radius of MCES.
			Mediation Fees. \$100/hour
			Psychological Testing. If any psychological testing is requested. \$75/hour.
			Data/Information. Any reports, emails, documentation (not specifically requested by the Evaluator) etc. that is over 5 pages will be charged a reading fee of \$50/hour assessed at the end of the evaluation and due prior to the final report being released.
			Other.
\$	\$	\$	Estimated TOTAL. Due at first visit or ½ at first visit and ½ at second visit.

Cancellation Policy: Appointments not cancelled 48 hours in advance will be charged at the rate of \$275 for the initial appointment and \$100 for any appointments missed thereafter. Your scheduled appointments are held specifically for you. Please be courteous and let us know if you cannot attend your scheduled appointment by emailing us at mces@centerstreetcenter.com in order to avoid any unnecessary charges.

See next page.

CONSENT & WAIVER

I hereby consent to mental and behavioral health services to be performed by Mediation & Custody Evaluation Services (MCES). I understand that the purpose of these services is to help us decide how our family can best meet the needs of our children and adults and to provide attorneys (and courts if requested) with the conclusions of an independent expert. I also understand that the clinician will evaluate my circumstances including my family, personal history, mental health, medical conditions and relationship with my children and any other relevant information. I agree to sign any releases necessary for the MCES evaluator to obtain information.

I understand that if an agreement is reached between us, the clinician will provide the attorneys (and courts if requested) and us with a copy of that agreement. Either party may then process that agreement as a court order.

I understand that if an agreement is not reached between us, a written report based on the clinician's evaluation will be sent to the attorneys electronically. The attorneys may take into consideration the findings and conclusions in that report and may submit those findings to the Court if not requested directly. I agree that the clinician's obligation pursuant to PA R.C.P. 1915.8(c) to advise me of findings shall be met by permitting me to read the report at my attorney's office or, if I am unrepresented when the report is filed, then at the clinician's or Master's office. I hereby hold harmless and free from liability MCES and any of its consultants and affiliated organizations including Center Street Center and Tracy E. Hill, Ph.D. & Associates LLC from unauthorized use of the report by either party.

I stipulate to admission of the report into evidence. I understand that normally evidence is offered by a witness testifying in court. I am waiving the necessity of the presentation of testimony by the person who prepares the report or who conducted the evaluation.

I waive the right to subpoena the notes and the person(s) who prepares the report or who conducted the evaluation to a deposition or testify in court. I also waive the right to subpoena from the MCES evaluator any medical, legal, psychological or educational records used in the MCES evaluation. I understand that normally there is a right to challenge the qualifications, observations, reasoning and conclusions of an expert witness by questioning that witness. I am waiving my right to question this witness on the record. I agree not to subpoena or otherwise call this witness or any representative from MCES, Center Street Center and Tracy E. Hill, Ph.D. & Associates LLC.

I do not waive my right to a full hearing before the court or my right to call any other expert witness of my own.

I agree that I will cooperate in scheduling so that all necessary sessions may be completed within a timely manner not to exceed eight weeks and that the report may be mailed no later than 30 days from the date of the last session.

I voluntarily agree to participate in this procedure. Its purposes have been fully explained to me.

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I understand that I am free to consult with any attorney and that MCES will select the clinician for my family's custody evaluation.

Petitioner _____ Date _____

Respondent _____ Date _____

MCES Director _____ Date _____

OFFICE USE ONLY:

Benefit Application filled out: Petitioner Respondent

Benefit Fee paid: Petitioner Respondent

Copy mailed/mailed to: Petitioner Respondent

Case assigned to: _____

Date assigned/started: _____

Date closed: _____

Other: _____