



*North Texas Family Services  
Lauren Gordon, LCSW*

Mailing address:

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75088

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Interview office:

2607 Lee Street, Greenville, TX

www.ntxfamilyservices.com

**CHILD CUSTODY EVALUATION ADVISEMENT FORM**

Cause Number: \_\_\_\_\_ Children's Names: \_\_\_\_\_

I, the undersigned, understand that the court has appointed Lauren Gordon, LCSW, North Texas Family Services, to conduct a child custody evaluation regarding the above-named child or children OR your attorney has retained Lauren Gordon, LCSW to consult regarding a suit affecting the parent child relationship. Collectively she will be referred to in this document as "the evaluator" for simplicity. I understand the particular individual named to conduct the evaluation has been designated by the court, contract with the attorney, and/or a formal agreement of the parties.

I further understand that meetings and interviews with the evaluator are for the purpose of assisting the court and the parties involved in making decisions in the best interest of the child or children involved. I acknowledge that the evaluation is intended to be thorough, objective, independent, and in conformity with recognized best practices at the time this evaluation is conducted as appropriate to the specific situations of this case.

I understand that the evaluator will attempt to obtain all relevant information from all sources needed to address the issues before the court. I understand and acknowledge that the evaluator will use their professional discretion in making any and all decisions regarding who must be contacted, how extensive those contacts will be, and what information should be obtained and reviewed. I recognize this includes review of any previous evaluations or home studies if such reports exist.

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I understand that although I may be providing payment to the evaluator they are working for the court, under court appointment, or a consultation agreement and the outcome of the evaluation may or may not favor my position or be something that I am in agreement with. I recognize that I may refuse to participate in the evaluation, and acknowledge that the nature and extent of the consequences of any refusal to participate should be discussed with legal counsel.

**Retainer:** I understand that a retainer for the full fee of the evaluation is due in advance, and is non-refundable. The court may order each participant to pay an equal share of the fees, assign one participant to pay the total fee for the evaluation, or order a disproportionate split of the fees for the evaluation. At least half of the retainer must be paid prior to scheduling the first interview and the remainder paid at or before the first interview. I understand that this retainer may be increased based on additional individuals to be interviewed, the necessity of extensive records review, or other case-specific factors, and that any additional retainer amount is due upon billing and prior to submission of the report to the court.

**Fees:** I understand that a completed evaluation is billed at a flat base rate. This base rate covers interviews of up to five persons (adults and/or children) involved in the case. There is an additional charge of per party for each additional person to be interviewed beyond the first five. Unless otherwise specifically ordered by the court fees for services will be split between the parties.

The base rate also covers collection of standard collateral information, review of basic documentation, and completion of a report to the court. It does not cover review of depositions, review of Child Protective Services records, or other substantial records review over one hour in length per party. It does not cover any administrative or other hearings related to this case. Unless otherwise specified, such additional work is billed in quarter hour increments based on a standard hourly rate as noted below:

Primary Evaluator	Base rate (per party)	Additional visit charge (per party)	Standard hourly rate for additional work
Lauren Gordon, LCSW	\$1500	\$250.00	\$250.00

Payment may be made by credit card, zelle, venmo or other payable option agreed upon between the client and evaluator. I understand I am responsible for any and all fees incurred by the evaluator in relation to this case, and any and all work done by the evaluator in relation to this case.

**Other costs:** I understand that each of the parties will be responsible for any fees for production of third party records or other information related to this evaluation. I understand that if this case settles costs for postage, copying of records, and other administrative costs will be deducted from the retainer. I acknowledge that time in administrative tasks is billed at the standard hourly rate and that copies of records produced by North Texas Family Services are also billed as most county clerk court offices. Additionally I understand cancellation of any appointment with less

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than 48 hours notice will incur a one-hour service fee. After the report is filed any updates which are ordered will be billed at the standard hourly rate with a minimum four hour retainer due in advance. After a final report is made to the court we will not have further direct contact with the parties unless the court orders an update to be conducted.

**Waiver of audio/video recordings: By signing below, the parties agree that the individual child interviews shall not be audio recorded by the child custody evaluator, and that the parties intend this agreement to constitute a waiver of requirements otherwise imposed by Texas Family Code Section 107.109. This provision shall be irrevocable and shall be considered sufficient explanation and good cause for the court appointed child custody evaluator's individual interviews of each child made the subject this suit to not include audiovisual recordings.**

**Court appearances:** I understand that if my attorney or I request from this evaluator a court appearance, deposition, or participation in any type of settlement conference, there will be an additional fee, as noted below, with a minimum court appearance charge of \$1000. All court appearances will require a subpoena from the requesting attorney/party. Due to the unpredictability of court dockets and scheduling procedures, this fee covers the initial four hours away from my regular daily schedule to accommodate this court appearance. **The request to testify on a specific date will initiate a \$500 nonrefundable fee to hold the day and time for the court appearance.** The four hour block is initiated when I begin my travel to the courthouse and/or the following occurs: I am placed on standby by the client or attorney the day of the court hearing and/or I am asked to log into the hearing and wait. The client and/or attorney must provide written cancelation notice if I am no longer needed to testify. Any cancellation of a scheduled court appearance must occur a minimum of 2 business days before the scheduled court appearance or the client will incur the full \$1000 minimum fee. If testimony is continued into another day, an additional \$1000 will be invoiced and paid same day. I acknowledge by signing this document that failure to provide the fee as specified constitutes release from the requested appearance.

Primary Evaluator	Court appearance fee per block (each block is four hours)
Lauren Gordon, LCSW	\$1000.00

**Travel:** I understand that interviews with adults will generally be conducted at the North Texas Family Services office, located in Greenville, Texas, and that interviews with children will generally be in the homes of the parties. Unless the court has specifically ordered otherwise, a review of each party's residence is a mandatory part of the evaluation. There is no additional travel fee for work conducted in the Dallas/Fort Worth Metroplex and surrounding counties. If it is necessary to travel outside of these counties an additional travel fee may be charged. Travel time is charged per hour, rounded up to the nearest 15-minute increment, at half the standard hourly rate (above).

For evaluations requiring airline or overnight travel I understand that fees are charged for travel time and travel expenses. Such travel time is logged as any time spent between originating

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airport and hotel, and is charged as noted above. Travel expenses include the full expense of the airfare, a hotel room, and a rental vehicle with gasoline reimbursement or taxi fees. An additional travel retainer will be calculated based on expected travel time and expenses and is due before any travel arrangements will be made.

**Unanticipated costs:** I understand and acknowledge that unanticipated circumstances may necessitate additional hours of service outside those estimated in the retainer. These include, but are not limited to: additional interviews; extensive telephone contact time; additional document review; any and all procedures to assess fresh allegations or issues which were not included in the original retainer estimate; and other case specific factors. Should costs rise above the retainer estimate I understand the evaluator will notify my attorney and the original retainer will be revised.

**Contacting the evaluator:** Outside of telephone contacts regarding scheduling, communication to the evaluator should occur in writing to the mailing address or fax number above. Do not deliver information to the interview office except at scheduled interview times; it should be sent to the mailing address. Emailing the evaluator is allowed, at [laurengordonlcsw@gmail.com](mailto:laurengordonlcsw@gmail.com) However, the evaluator may respond in writing or by telephone as deemed appropriate. The evaluator will generally only discuss administrative issues regarding the evaluation with the litigants and their attorneys; please have them contact us directly.

**Services not provided:** I understand and acknowledge that the evaluator is not providing, nor am I requesting, therapy, counseling, or any form of treatment. Should these or other service needs be indicated during the course of the evaluation appropriate recommendations will be made. I understand that the evaluator is not providing mediation, parenting coordination, parenting facilitation, or any other service outside of a child custody evaluation. I understand should the court or the attorneys request the evaluator to participate in a settlement conference they will do so only as an evaluator and only for the purposes of clarifying, explaining, or otherwise communicating the results of their evaluation and report.

I understand that the evaluator is not an attorney and that if I have any questions regarding legal matters I should consult with an attorney. I understand that it is inappropriate for someone not trained as an attorney to respond to questions concerning legal matters and recognize I cannot request the evaluator to do so. I understand I am to provide my attorney copies of any information I provide to the evaluator so that proper discovery procedures may be complied with. I understand that any copies of electronic records submitted by me to the evaluator must be sent through my attorney. I understand that the evaluator will not review any audio or video recordings unless all parties have been provided copies and all parties have agreed in writing for the evaluator to do so, or the court has ordered such a review.

**Professional practice statements:** For the purposes of reporting violations of licensing rules or regulations the Texas State Board of Examiners of Licensed Professional Counselors or the Texas State Board of Examiners of Social Workers can be contacted by mail at Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, and by telephone at 800-942-5540.

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I understand and acknowledge that the outcome of the evaluation may or may not favor my position or be something that I am in agreement with. I understand that complaints regarding conclusions and recommendations in the evaluation must be directed to the court, as the licensing board handles only complaints regarding violation of licensing rules and regulations.

I understand that the program director is custodian of records for North Texas Family Services. In the event of the program director's death, incapacity, or termination of practice, custody and control of records maintained by North Texas Family Services will be turned over to Christina Perrone, JD, or, in the event of Mrs. Perrone's death, incapacity, or termination of practice, other successors as selected by the program director.

**Insurance coverage:** I understand that none of the services provided to me in this case are covered by insurance as the evaluation is for legal (not treatment) purposes, and is not therapy.

I have been informed and I understand that any communications or statements by me or the children will NOT be privileged or confidential and that:

- The evaluator may be required to testify in open court in the course of litigation. Any information provided to the court may become public record.
- The evaluator is required to make a report to the court and the attorneys of record. A copy of the written report and the written materials provided to the court are provided to the attorneys of record and clients who represent themselves at the time the report is filed with the court.
- All information provided to the evaluator will become part of the evaluator's records and is available for review by the attorneys of record and clients who represent themselves. After the report is completed information will be released following written request from attorneys or clients who represent themselves.
- The evaluator may confer with mental health professionals, doctors of medicine, education and child care personnel, personal references, other governmental entities, attorneys of record, and such other persons as have or need information directly related to the evaluation as necessary.
- The evaluator may be required to disclose situations where clients are a danger to themselves or someone else; abuse, neglect, or exploitation of a child, elderly, or disabled person; or as otherwise required by law.

**Do not sign this form unless you have read and understood it.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

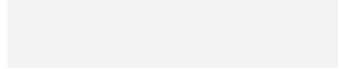
**Initial:** \_\_\_\_\_

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Signature

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Printed Name



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