

**Wynns Family Psychology**  
**Psychological Solutions for Children, Adolescents, and Families**

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SERVICE AND FEE AGREEMENT FOR CUSTODY/PARENTING PLAN CONSULTATIONS  
Information Concerning My Practice, Financial Arrangements, and Confidentiality

Thank you for the opportunity to offer my professional help to you. I have prepared this form to describe my professional services and procedures. *I apologize for the length of this form, but due to the sometimes difficult nature of custody issues, detailed coverage is important for everyone involved.* Please let me know if I can clarify any of this information and if you have any other questions.

Qualifications: As a Licensed Psychologist, I provide custody and parenting plan consultations. (I also provide child custody evaluations; therapy services to adults, adolescents, children, groups, couples and families; and psychological, educational evaluations to children, adolescents, and adults. I do not provide emergency services.) As a child and adolescent specialist, I am able to provide recommendations that are specific to a child's age and developmental needs. In addition to my specialization in children and adolescents, I did my dissertation and thesis related to divorce/children and marital conflict. **I am not an attorney and have no legal training. Nothing in any of my services, to include in parenting plans/custody services, and/or any written materials created by me at any time, constitutes legal advice or legal information; nothing in my services, whether written or verbal, constitutes legal advice/information. My services should in no way be construed as legal services, and I am at no time engaging in the practice of law.**

Please note I cannot provide psychological advice to individuals whom I am evaluating. Many people going through divorce experience sadness, depression, anxiety, uncertainty, anger, financial fears, etc, or notice these symptoms or behavioral acting out in their children. **If you desire supportive counseling or psychotherapy services for yourself or your children, I will be pleased to provide you with the names of appropriate professionals** who specialize in divorce services for adults, teenagers, and/or children.

Payment, Insurance, & Refunds: Payment can be made by personal check, money order, cashier's check, or cash. If you prefer to pay with a credit card, you may do so by going to my website and paying through Paypal. If you choose to pay with Paypal, payment must be made in advance of the session (I will give you an estimate for the time). Health insurance will not cover the cost of divorce mediation or of evaluation done for the purposes of a custody evaluation, as insurers distinguish these from the "mental health services" that they do cover. However, some plans will cover the parenting plan discussions I provide in my office under reimbursement for family therapy. My relationship is with you and not your insurance company. All charges are your responsibility. However, if you wish, I will be happy to help you process your insurance claims for reimbursement by providing you with a receipt of services rendered, which contains all of the information needed for an insurance company to process a claim, and by helping you fill out your claim forms. It is your responsibility, should you desire reimbursement to yourself, to process the claim with your provider.

**Payment in full is due up front; the services will not begin until payment in full is received. Also, written material such as summaries will not be provided to either party until payment in full is received. If one side is holding up release by non-payment, I strongly suggest the other party pay (and seek legal avenues later for repayment by the delinquent spouse), so that the summary can be utilized.** Whereas office appointments have a known amount of time scheduled for them, some services (such as writing, reviewing documents, and calling collaterals) will require an estimate of time. I will

provide an estimate of the total number of hours the case will take and will track my time; should the case take less time, I will return funds for hours unused, and should the case take additional time, I will require payment in full up front of an estimate of time remaining to complete the case. **I require ½ of the hourly estimate to hold the date for settlement conferences, depositions, or testimony, with the balance due 72 hours prior to the date. Minimum estimate is 4 hours to include drive time, prep time, and court time = \$1400 (\$700 to hold the date).** This holding fee is fully returnable if I am notified one week prior to said date that my services will not be needed (if reserved time is 8 hours or less). If reserved time is 8+ hours, two week's notice must be given in order to receive refund of the holding fee. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court, which will require me to disclose otherwise confidential information such as your name, address, phone number, services rendered, or the amount due.

I do not offer refunds if you are unhappy with the consult, any written summary, clinical suggestions or recommendations, settlement conference, deposition or testimony; **I do not offer refunds for any reason.**

### Options for Parenting Plan Consults and Custody Consultations

- *Consultation:* Parents meet me, describe the child(ren), describe their parenting strengths and limitations as well as practical concerns, explain their initial thoughts about custody and visitation, and share any concerns or uncertainties they are facing in making a decision. I will ask several questions to gather additional relevant information. (Fee: \$200.00 per hour.)
- As needed, a consultation also includes an interview with the child(ren), plus as needed, a review of relevant school and/or medical/psychological records with collateral interviews of professionals. Based on the information presented and my expertise of child development and parenting plans, I then verbally share my thoughts with the parents regarding what would likely be some good parenting plan arrangements for their child and family unit. This consultation is also helpful when parents have specific questions about transitions to a two home family, how a child is handling the divorce or separation, developmental concerns for a child of a certain age to consider, how to introduce significant others, or other specific questions related to divorce/separation. Parents can also request written recommendations or a short report. This is sometimes helpful to share with attorneys to aid in settlement. (Fee: \$200.00 per hour.)
- *Settlement Conference:* Approximately 95% of all cases settle. After receiving your feedback summary it is most likely you and your spouse will attempt to reach an agreement. My presence can help speed this process along as I can answer any questions parties or attorneys may have about options being considered, and can participate in brainstorming healthy solutions. (Fee: \$250.00 per hour port to port; I am also happy to host the settlement conference at my office as a neutral ground.)

Options for full custody evaluations are described in my custody evaluation form.

**Fee Schedule: I keep my fees very reasonable when compared to usual rates in the field.** (1) See above description for fees for consultation. (2) Settlement conference attendance \$250.00 per hour, port to port. (3) Depositions as fact witness or as expert witness \$250.00 per hour time spent preparing for and giving deposition, port to port; testimony as fact witness or as expert witness \$350.00 per hour time spent preparing for and giving testimony, port to port. If you are receiving a court-ordered evaluation, depositions and testimony may be part of the services I am asked to provide as part of the evaluation; depositions and testimony fall under the same court-ordered responsibility for the costs. For example, if the court ordered that the costs of the evaluation be split evenly 50-50, then if deposition or testimony are required, fees for both would also be split 50-50 and due in advance. (4) All other services not covered above, during an hourly consult and after a flat-fee evaluation is complete, including home visits, letters, email (reading and responding), telephone consultation (with yourself or others), etc., are billed at \$200.00 per hour. Please note you are solely responsible for payment of all collateral contacts I make on your case. (5) Late Fees & Returned Checks: **If you do not pay in full on the date services are**

rendered, 10% of the original charge will be added *each week* you are late. **If I must use a collection agency and/or file suit to collect fees past due, you will be 100% responsible for all fees charged to me by the collection agency, attorneys, and court. Regarding fees for returned checks, there is a \$35 fee for each returned check in addition to late fees.**

*Please do not give me originals of any written materials; note I do not make copies of this material for yourself, your attorney, or the other side. I also do not return materials provided to me. I do not print out emailed documents, hard copies need to be furnished for review.*

Contacting Your Psychologist: Please note, I will not answer the telephone when I am with a client. When I am unavailable, please leave a message on my confidential voicemail. I will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. **Email is not a secure form of communication and confidentiality cannot be guaranteed.** I will not typically initiate email contact with you, but I will respond should you choose to email me regarding non-clinical issues such as appointment scheduling. **Faxing is also not a secure form of communication and confidentiality cannot be guaranteed.**

**TAPE RECORDING AT ANY TIME BY EITHER PARTY IS NOT ALLOWED.**

Parent Interviews: Initial parent interviews are typically 90 minutes – 2 hours in length. **You should be well prepared to discuss your thoughts and concerns. The questions at the end of this document are designed to help you think about what you would like to communicate to the evaluator.** Parent follow-ups are often done via phone and are typically shorter than the initial interview; they are used for the evaluator to ask follow-up questions of each parent once he/she has done initial interviews with both parties, and are done at the discretion of the evaluator, that is, he/she may determine there is not a need for any follow-up questions.

Reasonable steps are taken to minimize distress associated with the evaluation process. Nevertheless, as an examiner and not a therapist, I must question information you provide, and at times you may feel you are being interrogated rather than interviewed; I apologize for any distress this causes and remind you that this level of follow-up is necessary in a custody evaluation. As an evaluator, I am a neutral expert and will not presume that you are lying or that you are being truthful, but rather as a forensic psychologist is expected to secure verification of assertions made. Your cooperation will be expected as verifications of assertions made by you are sought.

Child Interviews: Initial child interviews are typically up to 60 minutes in length; the format will be age-appropriate for your child. **Your child must have already been told that there is going to be a divorce, as I will briefly explain to the child that the evaluator's role is as one of the team of professionals who is helping with the divorce.** I will also explain to the child that while it is important to be open and honest, what he/she says will not be kept confidential. Please do not coach your child to say certain things during the interview; coached children sound coached. Also, coaching tends to make children experience anxiety about the interview as they worry if they will remember what the "right" thing to say is, and coached children often experience anxiety, fear and/or depression after the interview as they question if they "performed correctly" in the interview. ***The best way to prepare your child for the interview is to say: "Mom and dad have a team of professionals that are helping us to make decisions about the divorce; these people have helped lots of families who go through divorce. You are an important part of this family, and so one day you are going to go and talk to one of the people on the team. All you have to do is be honest and say whatever you think or feel, and there are no wrong answers."***

Observations (optional): Parent-child observations include the parent and child engaging in one familiar activity for approximately 30 minutes, and engaging in one novel activity for approximately 30 minutes. Both the familiar and novel activity observations take place in one 60 minute session at the evaluator's office.

Home Visits: Home visits are sometimes requested by one or both parents, and on rare occasions the evaluator may independently deem home visits necessary. **Home visits are added at the discretion of the evaluator, as I deem necessary to sufficiently address the issues; parties cannot refuse announced or unannounced home visits deemed so necessary by the evaluator, and the costs of home visits will be shared among the parties in the same manner that the evaluation as a whole is shared.** That is, if the evaluation is being split 50-50, the parties would split the cost of the home visits 50-50, **regardless of who raised the issue.** In the interest of balance and fairness, if home visits are to occur, the homes of both parents will be visited, and will be either both announced or both unannounced.

**Cancellations and Rescheduling: The full fee is charged for appointments missed and for appointments cancelled less than 48 hours in advance.**

**In Case Of An Emergency:** As noted above, **I do not provide emergency services,** and you should: contact your psychiatrist or primary care physician, go to the nearest hospital emergency room and ask to speak with the psychiatrist on call, and/or follow your insurance carrier's emergency procedures.

**Confidentiality: There are numerous limitations to confidentiality in a parenting plan/custody consultation.** Most notably, if you sign a release form for me to speak with other professionals or non-professionals, information then may be subject to re-disclosure by a recipient of such information. Information may be disclosed to the court, your attorney, or the opposing side's attorney, during the course of legal action. Once disclosed, the privacy of the information will no longer be protected under federal medical privacy law. **Please note that I sometimes consult with other professionals as needed, and by signing you give permission for these discussions.** Also, your psychologist is required by law to report allegations of abuse or neglect, and this reporting must not be interpreted as a display of support for the individual who made the allegations or against the person being accused, or as an indication that the psychologist finds the allegations credible.

**Participating and Non-Participating Parents:** In most cases both parents participate in the process. This lessens conflict and minimizes miscommunication as information flows directly from us to each parent instead of between parents. If you are seeking my services unilaterally, I encourage you to ask the other parent to join into the process. I am happy to speak with that person regarding the benefits of participation. If you are seeking my services unilaterally and the other parent chooses not to join in the process, then I must require that I provide my recommendations to you in writing and not only verbally, to ensure that said recommendations do not get miscommunicated at any time.

**Important Information on Distinguishing Between (1) Considering Possibilities During the Consult and Evaluation Process and (2) My Final Recommendations:** During the process, I will ask you questions to gather information on your child and family to best reach my final recommendations, and I will brainstorm and explore possibilities with you regarding what options might be in the best interests of your child and family unit. During the process I may review the pros and cons of many options, and I may ask you what options you would be willing to participate in, should they become one of my final recommendations. **It is important that you keep in mind that the discussion of a possible option does not make that option a direct recommendation; I will say directly when an "option" has become a "recommendation" that I think you should employ,** and I will explain why that option has become one of our direct recommendations, as well as why other options do not make my final recommendations.

PLEASE BE SURE TO SIGN PAGE 5 AND FILL IN ALL INFORMATION ON PAGES 5-11.

CONTRACT & INFORMED CONSENT for:

\_\_\_\_\_ & \_\_\_\_\_  
(Print name legibly and % of fee responsibility.) (Print name legibly and % of fee responsibility.)  
*Write beside your name the % you agree to pay of any and all costs associated with the evaluation.*

YOUR INITIALS/SIGNATURES BELOW INDICATE THAT YOU HAVE READ THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP.

**In particular, please note and initial beside the following important statements:**

\_\_\_\_\_ .As a consult client, I consent for Kristen Wynns, Ph.D., PLLC to meet with myself, and with my children if I so choose, as well as to talk with any collateral contacts whom I choose to sign consent forms for. If my consult progresses to an evaluation, I understand I will be required to provide further consent.

\_\_\_\_\_ .I have read the information regarding fees and do not have any questions regarding my responsibilities; I agree to pay in full the fees noted in this agreement.

\_\_\_\_\_ .I understand that payment of all services is due in full up front, and that services will not begin until payment in full is received.

\_\_\_\_\_ .I understand that the full fee is charged for missed or cancelled sessions, unless I cancel 48 hours in advance, and I agree to pay the full fee.

\_\_\_\_\_ .I understand that late fees of 20% of the original charge will be added monthly and I agree to pay these fees in full. Further, should a collection agency or suit be required to collect, I agree to pay 100% of all fees charged by the collection agency, attorneys, and court. Returned check fee is \$35.

\_\_\_\_\_ .I understand that Kristen Wynns does not offer refunds if I am unhappy with the consult/mediation, evaluation, any report, clinical suggestions or recommendations, settlement conference, deposition or testimony; I understand that refunds are not offered under any circumstances.

\_\_\_\_\_ .If I am engaging in a unilateral parenting plan consult or evaluation of which the other parent is not participating, I understand I must receive at minimum summary recommendations written and not only verbally, and I am responsible for payment of said writing.

\_\_\_\_\_ . I understand that there are numerous limitations to confidentiality in a parenting plan consult; I have read and understand these limitations. Further, I understand that cases are sometimes discussed with other professionals, and I give permission for these discussions. I also understand that the security and confidentiality of email and faxes is not guaranteed.

\_\_\_\_\_ . I understand that I am not to give Kristen Wynns originals of any written materials, and that she does not make copies of any material for anyone. Further, I understand that any materials provided by me or others will not be returned.

\_\_\_\_\_ . I understand that Kristen Wynns is not an attorney and has no legal training; nothing in her services, whether written or verbal, constitutes legal advice/information. I understand that her services should in no way be construed as legal services, and she is at no time engaging in the practice of law.

\_\_\_\_\_ . I understand that no written materials will be provided to either party until payment in full is made, regardless of which party owes. However, I understand that should I chose to pay the balance, any report will be released, and thus a delinquent spouse cannot forever hold up the release of the report; the report will be released after full payment regardless of who makes full payment.

\_\_\_\_\_ · I understand that any holding fees I pay in advance for settlement conference attendance, depositions, or testimony are fully refundable if I notify the evaluator two weeks prior to said date that her services will not be needed. Further, I understand that less than one week's notice will result in no portion of the holding fee being refunded.

\_\_\_\_\_ · I agree to pay fact witness fees of \$350.00 per hour and expert witness fees of \$350.00 per hour, port to port, in advance, based on an estimate of time. I agree to pay deposition or settlement conference fees of \$250.00 per hour, port to port, in advance, based on an estimate of time.

\_\_\_\_\_ · I understand that tape recording is not allowed at any time by either party, and I agree not to attempt to record any portions of the consult or evaluation.

\_\_\_\_\_ · I understand that if I am receiving court-ordered services, attendance at settlement conference and/or depositions and testimony may be part of the services Kristen Wynns is asked to provide as part of the services; I understand that these services fall under the same court-ordered responsibility for the costs, and I agree to pay my portion of these fees in full.

Please sign and date below to indicate you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. **I have read and understand the above. I agree to the statements herein and the terms of payment.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date Signed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date Signed)

**Referral Source: Please indicate how you were referred to me by placing a check in the box.**

Friend/Colleague     Professional Referral \_\_\_\_\_  
(Please write in the name of the person who referred you.)

Online (Please circle) wynnsfamilypsychology.com    psychology today directory  
Which search engine did you use to get to the website? (e.g., Google search, Yahoo search, etc.)  
Other \_\_\_\_\_

- What keywords were used in search engine? : (e.g., "Child Psychologist Durham", "AD/HD testing Chapel Hill" etc.) \_\_\_\_\_

Brochure or flyer (Where did you find brochure)? \_\_\_\_\_

Media (Please circle)    Bob and the Showgram    TV news    StayHappilyMarried.com Podcast  
My Carolina Today

Magazine (please circle) Carolina Parent    Other \_\_\_\_\_



**Information Regarding Children:**

CHILDREN FROM THIS MARRIAGE/RELATIONSHIP

\_\_\_\_\_  
1. Name of Child

\_\_\_\_\_  
Date of Birth and Age

\_\_\_\_\_  
School, Preschool or Day Care Provider

\_\_\_\_\_  
Grade (and days at preschool/day care)

Please describe the physical custody arrangement of this child at this time, to include primary or shared residence between parents, visitation, regularity of visitation, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
2. Name of Child

\_\_\_\_\_  
Date of Birth and Age

\_\_\_\_\_  
School, Preschool or Day Care Provider

\_\_\_\_\_  
Grade (and days at preschool/day care)

Please describe the physical custody arrangement of this child at this time, to include primary or shared residence between parents, visitation, regularity of visitation, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
3. Name of Child

\_\_\_\_\_  
Date of Birth and Age

\_\_\_\_\_  
School, Preschool or Day Care Provider

\_\_\_\_\_  
Grade (and days at preschool/day care)

Please describe the physical custody arrangement of this child at this time, to include primary or shared residence between parents, visitation, regularity of visitation, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DO YOU THINK THE CHILDREN ARE DOING WITH THE CURRENT CUSTODY ARRANGEMENT? PLEASE TRY TO LIST BOTH PROS AND CONS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please describe any other significant relationships in the life of the child(ren) in question.** For example, relatives who provide regular care or have regular visitation, a boyfriend or girlfriend of the parent(s) who does not live in but spends significant time in the home or with the child, etc.

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**Please complete the following sentences regarding a parenting plan:**

1. I think that the best parenting plan schedule would be: \_\_\_\_\_

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2. I think this plan would be a good fit for my child(ren)'s developmental age because: \_\_\_\_\_

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3. I think this plan would meet my child(ren)'s physical safety, emotional well-being, and social needs by:

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4. I have the following questions or concerns regarding my child(ren) and a parenting plan:

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**CHILDREN FROM OTHER PREVIOUS OR CURRENT MARRIAGE/RELATIONSHIP**

1. Name of Child

Parents of Child

Where does this child reside?

Date of Birth and Age

2. Name of Child

Parents of Child

Where does this child reside?

Date of Birth and Age

**Attorney Information: Please fill in the following information for attorneys for both parties.**

ATTORNEY FOR THE MOTHER:

_____ Name of Attorney	_____ Attorney's Direct Telephone Number
_____ Name of Firm	_____ Main Telephone Number of Firm
_____ Attorney's Email Address	_____ Attorney's Fax Number

ATTORNEY FOR THE FATHER:

_____ Name of Attorney	_____ Attorney's Direct Telephone Number
_____ Name of Firm	_____ Main Telephone Number of Firm
_____ Attorney's Email Address	_____ Attorney's Fax Number

**If you would like for me to be able to speak with your attorneys, or with other professionals, please check the box beside who you would like me to be able to contact, then sign on the line provided.**

**CONSENT TO RELEASE & EXCHANGE INFORMATION**

*I want information shared for planning and service coordination. By signing this form, I am allowing service providers, agencies, or individuals to exchange any and all information to help in planning the current consult, and/or that will make it easier for them to work together effectively in planning and/or providing services.*

I want Kristen Wynns and the following service providers, agencies or collateral contacts to be allowed to exchange information: (Check box and sign your name beside people we may speak with.)

- Attorney(s) listed above: \_\_\_\_\_  
(include name and telephone numbers) \_\_\_\_\_
- Non-Participating Spouse: \_\_\_\_\_  
(include name and telephone numbers) \_\_\_\_\_
- School Personnel (please specify): \_\_\_\_\_  
(include name and telephone numbers) \_\_\_\_\_
- Other (please specify): \_\_\_\_\_  
(include name and telephone numbers) \_\_\_\_\_
- Other (please specify): \_\_\_\_\_  
(include name and telephone numbers) \_\_\_\_\_