



Doray Psychological Services

212 North McKinley Street
Little Rock, AR 72205
501.404.2077 (voice), 501.228.8189 (fax)
Intakes@DorayPS.com

Statement of Understanding

General Information

The documents in this packet contain important information about our professional services and business practices of Doray Psychological Services (DPS). Please make sure to read through them before signing them, because it is important for you to be aware of and to understand this information. During family law proceedings, such as child custody disputes and visitation matters, a mental health professional often is appointed by the Court to evaluate and comment on the mental health and parenting capacities of the parties involved as well as the mental health status of the children involved. DPS offers impartial psychological evaluations to gather information for the Court to consider. The scope of work is defined by the Court Order. It is important to understand that psychological evaluations are not therapy sessions. Though the fees are not paid by the Court, the work done by DPS will be done for the Court. The authority to instruct an evaluator to perform no further services rests with the Court, not with the party who bears the financial responsibility for payment of the evaluator's fees (nor with that party's attorney).

Unless otherwise instructed by the Court, copies of the evaluation will be sent to the attorneys for both litigants and to the attorney representing the child(ren) (attorney ad litem if one has been appointed). If an individual (litigant) is representing themselves (pro se), DPS will follow direction from the Court concerning whether or not to provide that individual with a copy of the report. Your signature in this document will authorize DPS to release information to the attorneys and to the Court at any point in the evaluative process, to release to them the final report, and to release DPS' file to anyone who is authorized by law to review it. With the exception of information presented to you in order to afford you an opportunity to respond, information gathered by DPS ordinarily is not disclosed prior to the completion of the evaluation. Under certain circumstances, however, disclosure of information may be deemed advisable by DPS or may be requested by the attorneys or by the Court. If disclosure is deemed appropriate, only *information* will be shared. Interim recommendations will *not* be offered unless by order of the Court.

General Fee Information

- All work related to the court case is billable.
- Fees are billed at a rate of \$250 per hour.
- A retainer of at least \$2500 is required per person being evaluated. This retainer **DOES NOT** represent the total cost of the evaluation.
- Any outstanding balance must be paid in full prior to the release of the report.
- Additional retainers may be required if any post report work is needed such as court testimony.
- All charges related to this evaluation are **Self Pay**:
 - Insurance companies **DO NOT** pay for fees associated with a court evaluation.
 - One or both litigants are responsible for all related costs.

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Privilege, Confidentiality, and Privacy

Principles of confidentiality and privilege do not apply within the context of an assessment such as the one being conducted. Information provided by you, regardless of the form in which it has been provided (your statements, recordings, diaries, correspondence, photographs, texts, email messages, etc) may be shared with others involved in the evaluation (including, where necessary and appropriate, children and collateral sources). By presenting information to others, verification of information provided by you can be sought, and the other party can be afforded the opportunity to respond to allegations that may have been made (in the case of a child custody evaluation). Statements made by children may have to be cited in a report, and it is therefore important that you not mislead your child(ren). When the child is being evaluated in the context of a Court Evaluation, **do not** tell a child that what is said is confidential. It is not. Information concerning your payments (amounts and source of payments, method of payments) also is not confidential.

Scheduling the Initial Appointment

The following is required to schedule an appointment:

- Copy of the Court Order that authorizes a psychological / child custody evaluation. The purpose or goal of the evaluation should be stated. It is helpful if the Order specifies any time frames for completion of the report. The Order can be emailed to intakes@dorayps.com.
- In court cases where two opposing attorneys or litigants have agreed to an evaluation without a court order, then either a consent agreement signed by the parties or a letter from each attorney indicating agreement to cooperate with the evaluation is required.
- After receipt of the Court Order, agreement or letter, it will be reviewed to determine if Dr. Doray will accept the court appointment.
- Once the court appointment is accepted then:
 - retainer(s) are required (we will not accept any payments prior to acceptance of the court appointment)
 - intake packet must be completed, signed, and returned to DPS (we will not process any forms prior to acceptance)
- Only after all required documents and retainer fees are received will the initial appointment be scheduled.
 - In cases where there are multiple participants (such as a Child Custody Evaluation), no appointments will be scheduled until all of the retainer fees have been paid as well as all intake packets have been completed and submitted for all participants (adults and children).
 - Initial appointments are scheduled Monday through Thursday and begin at 9 am. Please expect to be present all day (until 5pm – 6pm). Anything not completed during this initial appointment will require an additional appointment(s).
- The initial appointment generally consists of a clinical interview and completion of self report psychological measures. If the Order is for a Child Custody Evaluation, the “Preparing for Your Custody Evaluation” pamphlet has additional information that you may want to review. Please visit the AFCCnet.org website and go to the Resource Center and then the Resources for Families link for review of the brochure.
- We ask that only the person being evaluated and others who are asked to directly participate in the appointment attend appointments. Anyone not asked to directly participate in the appointment will be asked to leave the premises and can return at the end of the appointment. We will cancel the appointment if no other arrangements can be made.
- If an appointment is not kept or is canceled less than 24 hours prior to the scheduled time, there is a loss fee of \$250 for the professional time for each hour missed or canceled.

Billable Hours May Include (but are not limited to):

- Clinical Interview(s)
- Observations of Parties with child(ren)- in office and/or in the home

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- Administration, scoring and interpretation of psychological tests / measures
- Communications and consultations with collateral sources (emails, telephone calls, etc).
 - This includes attorneys and/or other individuals who have information relevant to a case (for example, teachers in child custody evaluations, mental health professional(s) treating participants);
 - Releases of Information will be required to consult with collateral sources
- Review of:
 - discovery items
 - court documents, including DHS investigative reports
 - other Court evaluations, depositions, and court testimony
 - medical, school, employment records
 - police reports
 - emails/texts/recordings, etc
- Preparation and records review prior to a deposition or court testimony
- Depositions and court testimony
- Travel to offsite locations such as court, attorneys' offices, or participant's home(s).

Please Note: Any material submitted for review will increase both the time to complete as well as total cost of the evaluation.

Court Testimony (Hearing or Deposition) Fee Schedule:

Regardless of services actually rendered, Dr. Doray will block her calendar from scheduling other appointments. Both a properly served subpoena and retainer are required to hold the date for court testimony. Please note, there have been times when Dr. Doray has had multiple subpoenas in different jurisdictions simultaneously. The retainer and subpoena received first will take precedent.

- All work related to court case (billable hours):
 - Billed at \$250 per hour
- Retainer for court testimony (deposition, trial, hearing):
 - 50% of the retainer is not refundable
 - A retainer is required in the amount of \$2500 per day to block Dr. Doray's calendar
 - Billable hours include any preparation, travel time, wait time in courthouse and actual testimony
 - An invoice will be issued following the hearing or deposition. Balances are due in 30 days. After that, unpaid balances will accrue 1% per 30 days and may be sent to a 3rd party for collection.

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Payment For Services

The performance of evaluation-related services by Dr. Doray does not cease with the issuance of the report. Fees generated post evaluation such as attorney calls, email contact, and court testimony generally are charged to the litigant that requests these additional services unless other arrangements have been made in advance or the Court has ordered that responsibilities for these fees be apportioned in some other manner.

Though fees paid for services rendered are not returned even when an evaluation has not been completed, you are not excepted to pay for services that never have been performed (such as completion of a written report). Since fees for certain services are paid in advance, certain circumstances such as a settlement may make it unnecessary to perform some services for which a retainer fee has already been paid. Under such circumstances, retainer fees not utilized will be refunded after official notification from the Court, stating no further services will be requested of Dr. Doray and her appointment has ended.

As every psychological/child custody evaluation is different, there are many factors that effect the total cost. The initial retainer is used to hold the initial appointment date and, therefore, additional work may be needed in order to complete the evaluation report. As a result, there may be additional costs associated with the evaluation beyond the initial retainer fee and, therefore, an invoice will be issued once the retainer is depleted. The completed evaluation or any other work product only will be released after all outstanding balances have been paid.

Cash, Checks and Cards are accepted for payments. Payments made by debit card must be paid in person and are not accepted over the phone. When any other credit card payments are made over the phone, a 3.5% fee will be added.

Other

Doray Psychological Services suggests that you review this document with your attorney before signing it.

With regard to information that ordinarily might be protected by HIPAA from disclosure, in signing this document you acknowledge that pursuant to HIPAA Section 164.512(e) of the Code of Federal Regulations, disclosures of otherwise protected health information may be provided in the course of judicial or administrative proceedings. Your authorization for the release of the DPS file is not qualified; it includes an authorization to release information provided to DPS by health services providers who may have been collateral sources of information. You also acknowledge that once records have been released by DPS to the attorneys, to the Court, or an expert witness consultant hired by an attorney, DPS no longer exercises control over who may access the information contained in those records.

I understand and agree to the Statement of Understanding document described above. I consent and authorize Dawn P Doray, Psy.D. to fulfill the Orders of the Court.

Signature of Litigant Date

Printed Name of Litigant



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History Form

Demographic and Contact Information

Child's Full Legal Name: Preferred Name:

DOB: Age: Gender: Male Female Other

Your Full Legal Name: Preferred Name:

DOB: Age: Gender: Male Female Other

Mailing address:

Name of other Parent(s)/Guardian(s):

Please indicate which forms of communication are acceptable and provide the relevant contact information for you:

Primary Number: Do you give consent that we:
 leave you a message? Yes No
 text you? Yes No

Secondary Number: Do you give consent that we:
 leave you a message? Yes No
 text you? Yes No

Primary Email: Do you give consent that we email you at this address?
 Yes No

Secondary Email: Do you give consent that we email you at this address?
 Yes No

Emergency contact other than the parent(s)/guardian(s) listed above:

Name: Phone: Relationship to the child:

Court Information

	Name	Phone	Email
Your attorney:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other party's attorney:	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Attorney ad Litem (if appointed):	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Referral Information

Please indicate all current concerns that apply to the child and underline most prominent ones:

- Mood problems**
(for example, sadness or tearfulness; not interested in doing things or talking to people; low self-esteem; feeling worthless; feeling hopeless; talking or thinking about death or suicide, attempting suicide; irritability, anger, resentfulness, or hostility; easily annoyed; losing temper frequently or easily; extreme or abnormal cheerfulness)
- Anxiety**
(eg excessive or unrealistic worries; feeling tense, nervous, "on edge," or panicky; easily startled; extreme or unusual fears of specific objects or situations; extremely self-conscious; clingy or afraid to be away from parents or other family members; concerns about doing things perfectly; having to do things a certain number of times or the exact same way each time)
- Trauma/maltreatment**
(for example, death of a loved one; abandonment by parent/caregiver; traumatic accident or injury; exposure to violence; exposure to natural or man-made disasters; physical, sexual, verbal, or emotional abuse or neglect)
- Family problems**
(eg trouble communicating; frequent arguments; emotionally distant; trouble adjusting to separation or divorce; trouble adjusting to blended family; trouble managing child's behavior; need help with parenting strategies)
- Attention problems**
(eg trouble paying attention or concentrating; not listening even when spoken to directly; easily distracted; trouble organizing or finishing tasks or activities)
- Hyperactivity**
(eg restless or fidgety; unable to sit still or stay seated; always moving; talking too much; engaging in non-stop activity)
- Cognitive or learning problems**
(eg, trouble with learning, comprehension, thinking, or memory; mental confusion; trouble with reading, writing, or math; failing in school)
- Impulse control problems**
(eg not thinking before acting; doing things that are risky, reckless, or irresponsible; talking out of turn; interrupting or intruding on others; trouble waiting)
- Behavior problems**
(eg breaking rules; arguing with others; annoying others on purpose; lying, cheating, or stealing; running away from home; skipping school; destructive toward property; aggressive toward people or animals; threatening or intimidating toward others)
- Social/peer problems**
(eg few or no friends; not interested in having close relationships; trouble forming or maintaining close relationships; trouble getting along with others; loneliness; withdrawn, abnormally shy or excessively friendly; poor social skills; not caring about other people's feelings; bullying)
- Odd behaviors or experiences**
(eg seeing things or hearing voices that aren't there; strange, illogical, or nonsensical beliefs or ideas; thoughts are disorganized or run together; making poor eye contact; showing no emotion; laughing or crying inappropriately; having unpredictable outbursts; getting very upset over small changes in routine or surroundings; making strange movements; talking in a strange way; showing interest in very few topics or things; strange interests in or preoccupation with certain subjects or objects)



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Other problems:

How long have these problems been going on?

Did anything in particular seem to set off these problems? Yes No, if yes, please explain:

Do these problems seem to be staying the same getting worse getting better?

Please provide any other information about the reasons for evaluation for the child at this time that you think might be helpful or important:

Mental Health History

Please list all mental health services that the child has received or is currently receiving (including psychological evaluations, educational evaluations, psychotherapy or counseling, medication management, residential treatment, and inpatient hospitalizations):

Name of Provider/Facility	From / To	Types of Service	Reason(s) for Service



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If the child has had therapy or counseling, was the therapy or counseling helpful or not helpful?

Family History

<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Legal Guardian
Name: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>
Age: <input style="width: 40px;" type="text"/> If deceased, when? <input style="width: 40px;" type="text"/>	Age: <input style="width: 40px;" type="text"/> If deceased, when? <input style="width: 40px;" type="text"/>
Education: <input type="radio"/> Eighth grade or less <input type="radio"/> Some high school <input type="radio"/> High school graduate or GED <input type="radio"/> Some college or post-high school education <input type="radio"/> College graduate <input type="radio"/> Advanced graduate or professional degree	Education: <input type="radio"/> Eighth grade or less <input type="radio"/> Some high school <input type="radio"/> High school graduate or GED <input type="radio"/> Some college or post-high school education <input type="radio"/> College graduate <input type="radio"/> Advanced graduate or professional degree
Employment Status: <input type="radio"/> Working, full-time or part-time <input type="radio"/> Unemployed, looking for work <input type="radio"/> Unemployed, not looking for work <input type="radio"/> Disabled <input type="radio"/> Retired <input type="radio"/> Other: <input style="width: 150px;" type="text"/>	Employment status: <input type="radio"/> Working, full-time or part-time <input type="radio"/> Unemployed, looking for work <input type="radio"/> Unemployed, not looking for work <input type="radio"/> Disabled <input type="radio"/> Retired <input type="radio"/> Other: <input style="width: 150px;" type="text"/>
Occupation, if working: <input style="width: 150px;" type="text"/>	Occupation, if working: <input style="width: 150px;" type="text"/>
Are the parents? <input type="radio"/> still together <input type="radio"/> separated or <input type="radio"/> divorced or <input type="radio"/> no longer together	
Has remarried? <input type="radio"/> Yes <input type="radio"/> No	Has remarried? <input type="radio"/> Yes <input type="radio"/> No

Has the child been adopted or raised by adults other than his or her biological parents?

- No
- Yes, please explain:

Has the child ever been in foster care?

- No
- Yes, please give reasons for placement:



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What is the child's current living and visitation arrangement?

Does the child have any siblings? No Yes, if yes, please list them and indicate whether they live in the same household as the child:

Name	Age	Pronouns	Lives in Same Household?
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	<input type="radio"/> No <input type="radio"/> Yes

Provide any other information about the child's family that you think might be helpful or important, including mental health or substance abuse issues in close family members:

Social History

Does the child have any close friends other than family members? No Yes, If yes, how many?

How often does the child spend time with friends outside of school in a typical month?

Does the child have any trouble making or keeping friends? Yes No, If yes, please explain:

Does the child generally have any trouble getting along with others his or her age? No Yes, If yes, please explain:



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Does the child participate in any organized activities (eg sports, dance, scouting)? No Yes If yes, what and how often?

Does the child have any hobbies or interests that they pursue on a regular basis? No Yes, If yes, what and how often?

Does the child engage in any exercise or physical activity on a regular basis? No Yes, If yes, what and how often?

Child's Medical and Developmental History

Child's pediatrician or family doctor:

Name:

City, State:

List any major physical illnesses, injuries, surgeries, and developmental problems (for example, delays in speech, language, or motor skills; problems with toilet training; problems learning self-care skills) the child currently has or has had in the past:

Please indicate if the child often experiences any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Fatigue or low energy |
| <input type="checkbox"/> Problems with appetite or eating behavior | <input type="checkbox"/> Weight problems |
| <input type="checkbox"/> Trouble breathing or shortness of breath | <input type="checkbox"/> Heart racing or pounding, or irregular heartbeat |
| <input type="checkbox"/> Chest pain or discomfort | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Nausea, vomiting, or diarrhea | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Dizziness, lightheadedness, or fainting | <input type="checkbox"/> Trembling or shaking |
| <input type="checkbox"/> Numbness or tingling of body parts | <input type="checkbox"/> Chills, hot flushes, or sweating |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Problems with sexual functioning or behavior | <input type="checkbox"/> Alcohol or drug use |



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When was the child's most recent physical exam?

Were there any findings that concerned you or the child's doctor? No Yes If yes, please provide details: (Download blank pages for your response if needed)

Please list any prescription or over-the-counter medication(s) the child currently is taking:

Name of Medication	Dose	Purpose of Medication
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

What is the child's level of general happiness and well-being?

What are the child's strengths?



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What are the child's weaknesses?

Please provide any other information that you think might be helpful or important:

The information provided above and on any accompanying pages is accurate to the best of my knowledge.

Signature of Litigant

Date

Printed Name of Litigant