

Bradley S. Craig, LMSW-IPR, CFLE  
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**Stepparent Adoption Study Advisement Form**

Cause Number: \_\_\_\_\_

Children's Names: \_\_\_\_\_

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 his 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 social study evaluations, custody evaluations or home studies if such reports exist.

I understand that that although I may be providing payment to the evaluator he is working for the court, under court appointment, 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.

**Fees:** I understand that a completed stepparent adoption study is billed at a flat base rate of \$700.00. This base rate covers interviews of up to 2 adults and all children involved in the case. There is an additional charge of \$50.00 per for each additional adult residing in the home.

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 extensive Child Protective Services records, or other substantial records review over one hour in length. It does not cover any administrative or other hearings related to this case. Unless otherwise specified, such additional work is billed based on a standard hourly rate of \$200.00 per hour.

**Other costs:** I understand that I will be responsible for any fees for production of third party records or other information related to this evaluation.

Additionally, I understand cancellation of any appointment with less than 72 hours notice will incur a one-hour service fee of \$200.00.

I understand that if my attorney or I request a court appearance by the evaluator there will be an additional fee of \$300.00 per hour, with a minimum charge of three hours. Such fees are due at least one week before the scheduled appearance and are nonrefundable within a week of the scheduled appearance as we must clear our schedule whether the hearing occurs or not. Please note: if an appearance request is received without a minimum of one week notice the appearance fee is due immediately and there will be an additional \$300.00 express charge. Failure to provide the fee as specified constitutes release from the requested

appearance. 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.

**Travel:** I understand that interviews with adults will generally be conducted at Mr. Craig's office, and that interviews with children will generally be in the home. A review of each party's residence is a mandatory part of the evaluation. There is no additional fee for studies conducted within 60 miles of Mineola, Texas. If the family lives outside of these counties an additional travel fee may be charged. Travel time is charged at \$100.00 per hour, rounded up to the nearest 15-minute increment.

For studies requiring airline or overnight travel I understand that in addition to the standard study rates fees are charged for travel time and travel expenses. Travel time is charged at \$100.00 per hour and is logged as any time spent from airport arrival to hotel and back again. 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 me or my attorney before proceeding further 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 e-mail address, mailing address, or fax number as detailed on the first page of this form. Do not deliver information to the interview office, it should be sent to the mailing address. The evaluator may respond in writing or by telephone as deemed appropriate.

**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 stepparent adoption evaluation. 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.

### **Professional Practice Statements**

Mr. Craig is a licensed social worker. An individual who wishes to file a complaint against a Licensed Social Worker may write to Complaints Management and Investigative Section P.O. Box 141369 Austin, Texas 78714-1369, or call 1-800-942-5540 to request the appropriate form or obtain more information.

I understand and acknowledge that the outcome of this process 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 this process must be directed to the court, as the licensing board handles only complaints regarding violation of licensing rules and regulations.

I understand that in the event of Mr. Craig's death, incapacity, or termination of practice, custody and control of records maintained by Mr. Craig will be turned over to Dr. Aaron Robb, M. Ed., NCC, LPC-S, Kim England, LSCW, or other individual upon the death or unavailability of Dr. Robb or Ms. England.

**Insurance coverage:** I understand that none of the services provided to me by Mr. Craig 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, for the purpose of the court ordered stepparent adoption study, 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 stepparent adoption study as necessary for the evaluation.
- 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.

My signature reflects that I will abide by **all** conditions and expectations outlined in this document.

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

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

Biological Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Stepparent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_