

**Cher L. King, Ph.D.**  
Licensed Psychologist

**CHILD CUSTODY/PARENT TIME EVALUATION  
WITHOUT CLINICAL PSYCHOLOGICAL EVALUATION  
OR EXTENSIVE INVESTIGATION**

**OUTLINE OF EXPENSES**

This evaluation may be appropriate when parent-time is the primary concern. It may be appropriate for relocation cases. The assumptions that reduce the work and cost include agreement on the part of both parties that neither parent is alleged to have serious conditions that require clinical evaluation and more extensive investigation , such as:

- ▶ serious mental illness
- ▶ mental/physical disabilities that cause significant limitations in daily functioning
- ▶ alcohol or street/prescription drug abuse
- ▶ a history of domestic violence or child abuse/neglect
- ▶ other criminal activity
- ▶ flaws in moral character as evidenced by seriously inappropriate behavior
- ▶ inability to facilitate children’s relationship with the other parent
- ▶ sharing a residence with another adult or minor who is alleged to have any of the above conditions, except disabilities

The evaluation includes assessment of the child/ren’s academic, social, emotional, and behavioral status to help determine needs; completion of history forms and interviews to help assess parenting capacity; home visits during which observations of parent-child interactions will be made; interviews with children when appropriate; and interviews with step-parents or partners. In relocation cases, information about community resources would be sought.

The evaluation will not include psychological testing of parents; drug testing; requests for criminal history reports; requests for prescription drug information; requests for DCFS records; interviews with collateral witnesses; evaluation of other adults and children living in the home; or review of materials or documents.

Fees listed below include the cost of the evaluation and presentation at the Settlement Conference. Fees must be paid in full before the evaluation will be started.

\$1,000	for each party
350	for each stepparent or partner residing in the home full or part time
350	for each child who is the subject of the evaluation

*Your initials* \_\_\_\_\_

*Your attorney’s initials* \_\_\_\_\_

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An expedited evaluation will be conducted for a 50% increase in fees. An expedited evaluation commences within one week from the time payment of fees is received and is completed within 30 days, barring delays beyond the control of the evaluator. Dr. King's availability to conduct an expedited evaluation cannot be guaranteed.

Following the Settlement Conference, if a written report is requested, the cost will be an additional 30% of the total cost of the evaluation. The report will be started after the fee is paid.

Fees for court or other subpoenaed appearances (other than the Settlement Conference) will be \$500 per half day (3.5 hours), and \$150 per hour for each hour after 3.5 hours, regardless of whether time is spent testifying or waiting to testify. There will be a minimum charge of \$500 for any subpoenaed appearance. This minimum must be paid prior to the appearance.

When one party resides more than 50 miles from Dr. King's office, travel costs when making the home visit include 50.0 cents per mile and/or the actual cost of round trip airfare and rental car, plus actual cost of lodging. There is no charge for the first 100 miles driven (50 miles each way). There is no travel time charge for the first two hours. Fees for travel time after the first two hours is \$75 per hour, to a maximum of \$500 per 24 hour period. Travel time includes all time spent by Dr. King away from her office/home in order to conduct the home visit. Any additional fees must be paid before the evaluation will be considered complete.

Your signature below indicates you have read and understood to your satisfaction the fee schedule and the corresponding limitations of the evaluation. It further indicates you agree to pay your portion as ordered or agreed.

\_\_\_\_\_  
*Your printed name*

\_\_\_\_\_  
*Your attorney's printed name*

\_\_\_\_\_  
*Your signature*

\_\_\_\_\_  
*Your attorney's signature*

\_\_\_\_\_  
*Date signed*

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*Date signed*