

LYN R. GREENBERG, PH.D., ABPP
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CONSENT TO PSYCHOLOGICAL CONSULTATION

ON BEHALF OF MY CLIENT, _____, I HEREBY CONSENT TO FORENSIC PSYCHOLOGICAL CONSULTATION BY LYN R. GREENBERG, PH.D., ABPP. I UNDERSTAND THAT DR. GREENBERG IS REQUIRED TO REPORT ANY SUSPECTED CHILD ABUSE, AND ANY SITUATION IN WHICH AN INDIVIDUAL IS A DANGER TO SELF OR OTHERS. I ALSO UNDERSTAND THAT THE ACCOUNT WILL BE BILLED FOR APPOINTMENTS CANCELED WITH LESS THAN 24 HOURS NOTICE. I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF ALL FEES FOR THESE SERVICES.

AN ADVANCE PAYMENT OF \$5000 IS DUE AT ONSET OF SERVICES. THIS WILL BE CHARGED AGAINST AND ANY REMAINING BALANCE WILL BE RETURNED TO THE RETAINING COUNSEL. I AGREE TO MAINTAIN A MINIMUM BALANCE OF \$1000 ON ACCOUNT WITH DR. GREENBERG. ADDITIONAL ADVANCE PAYMENTS WILL BE REQUIRED WHEN THE INITIAL PAYMENT HAS REACHED THE MINIMUM BALANCE, BEFORE ADDITIONAL SERVICES CAN BE PROVIDED. DR. GREENBERG'S FEE IS \$365 PER HOUR. THESE FEES ALSO APPLY TO SERVICES PROVIDED OUTSIDE OF CLIENT CONTACT (I.E. INTERVIEW or CONSULTATION) SESSIONS. SUCH SERVICES INCLUDE (BUT ARE NOT LIMITED TO) PRE-RETENTION DISCUSSIONS WITH COUNSEL, RESEARCH, TELEPHONE CALLS, CONSULTATION WITH COUNSEL, REVIEW OF DOCUMENTS, PREPARATION OF RECORDS OR REPORTS, DEPOSITIONS, COURT ATTENDANCE/TESTIMONY. I AGREE TO REIMBURSE THE DR. GREENBERG FOR ANY UNUSUAL COSTS INCURRED IN THE PERFORMANCE OF HER ROLE. COUNSEL HAS EXPLAINED TO THE CLIENT THAT FORENSIC CONSULTATION SERVICES ARE NOT COVERED UNDER HEALTH INSURANCE PLANS.. PAYMENTS ARE TO BE PROVIDED BY COUNSEL, DRAWN ON COUNSEL'S TRUST ACCOUNT. IN SOME ROLES, DR. GREENBERG MAY DEEM IT INAPPROPRIATE TO MEET DIRECTLY WITH THE CLIENT AND OBTAIN ALL INFORMATION THROUGH THE ATTORNEY, OR VIA A CONFERENCE STRUCTURE.

DR. GREENBERG'S SERVICES ARE COVERED UNDER COUNSEL'S WORK-PRODUCT PRIVILEGE, AND WILL NOT BE DISCUSSED WITH OTHERS EXCEPT AS AUTHORIZED BY COUNSEL. COUNSEL IS RESPONSIBLE FOR ADVISING THE CLIENT OF THE POTENTIAL CONSEQUENCES OF BREACHING OR WAIVING THAT PRIVILEGE.

I UNDERSTAND THAT DR. GREENBERG CONDUCTS ALL EVALUATIONS/CONSULTATIONS FROM THE PERSPECTIVE OF PROVIDING AN HONEST AND ETHICAL OPINION. COUNSEL HAS EXPLAINED TO THE CLIENT THAT THERE IS NO GUARANTEE THAT DR. GREENBERG'S OPINION WILL SUPPORT THE CLIENT'S POSITION OR DESIRES IN THE CUSTODY CONFLICT. HER OPINIONS WILL BE BASED ON THE PSYCHOLOGICAL DATA SHE RECEIVES DURING THIS CONSULTATION.

Client Initials _____ Attorney Initials _____

DR. GREENBERG'S ROLE IS LIMITED TO CONSULTATION. IT IS NOT DR. GREENBERG'S ROLE TO TESTIFY IN THIS MATTER. IN THE UNLIKELY CIRCUMSTANCE THAT DR. GREENBERG IS COMPELLTED TO TESTIFY, HER TESTIMONY WILL BE SUBJECT TO CROSS EXAMINATION, AND QUESTIONS FROM OPPOSING COUNSEL OR THE COURT MAY ELICIT INFORMATION THAT DOES NOT SUPPORT MY POSITION IN THE CUSTODY CONFLICT.

DR. GREENBERG IS BEING RETAINED BY MY COUNSEL IN THIS MATTER. SHOULD THE CLIENT CHANGE COUNSEL AT ANY TIME, A NEW AGREEMENT WILL HAVE TO BE EXECUTED BEFORE SERVICES CAN CONTINUE.

EITHER PARTY MAY WITHDRAW FROM THIS MATTER AT ANY TIME, AND FOR ANY REASON, WITH UNEARNED RETAINER FUNDS TO BE RETURNED TO THE COUNSEL OR LITIGANT.

A PHOTOCOPY OR FACSIMILE OF THIS CONSENT SHALL BE CONSIDERED AS VALID AS THE ORIGINAL. BY SIGNING THIS AGREEMENT, COUNSEL ACKNOWLEDGES THAT HE/SHE HAS EXPLAINED ITS TERMS TO THE CLIENT.

Attorney Name (printed)

Attorney Signature

Date