



Family Connections Counseling Services, LLC
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Clinical Psychologist

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Financial Policy & Agreement
For Child Custody and Parental Evaluation

FORENSIC PSYCHOLOGY FEE SCHEDULE AND RETAINER AGREEMENT

Introduction

This document confirms that you are retaining me as an expert in Clinical Psychology and have agreed to the terms of payment. As my Curriculum Vitae reveals, I have extensive experience serving as an expert witness in a variety of legal proceedings including in the areas of family law, child custody, and parental assessment. I set forth the terms of my engagement in writing in order to avoid misunderstanding. I ask that you indicate your agreement by returning copy of this letter to me, along with your check for the initial retainer fee.

Services

A forensic psychological evaluation consists of utilizing a variety of techniques for determining and then documenting an individuals' psychological status. These techniques include clinical interviews, mental status examinations, psycho-diagnostic testing, review of relevant records, interviews with collateral sources, research, conferences with attorneys or others, and preparation of written report if requested. Once the evaluation is complete, I may be asked to provide testimony in a deposition or a court.

Since I do not have access to the court system except through counsel who retains me, please note that I depend on you to obtain various records related to your case. I will furnish you separately with a list of records that I will need for you to personally produce as well as obtain from third parties via subpoena. My effectiveness as an expert witness will depend to a great degree on my having access to these records

Location of Provision of Services

Except where special arrangements have been made, all forensic psychology services will be provided at my office at 12801 Iron Bridge Road, Suite 400, Chester, VA 23831.

Fees

The fee for court-related psychological testing and/or parental evaluation is not covered by insurance. A **basic psychological evaluation for court is billed at \$950.00 per evaluation**; a

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parenting assessment is billed at \$2,000.00 per evaluation. This rate includes time spent for scheduling, up to one hour of record review, test administration, scoring, interpretation, report preparation, brief phone consultations up to 30 minutes with attorneys, probation officers, previous therapists and physicians, and interviewing up to three collaterals by phone (i.e. parenting assessment). Psychological testing is typically completed in a three hour block or three separate hourly visits. Additional meetings with the client and family may be required but will incur an additional hourly charge. Additional fees will also be assessed for record review, depositions, and phone consultations that go beyond the terms stated above. Hourly fees are billed at \$250.00 per hour.

Court appearances will be billed at a separate rate of \$1,000.00 per half day or \$2,000.00 daily. Thus, it will be important for you know how long you will be requiring my services (e.g. half day or whole day) 10 days prior to your court date. In the event that I am retained for only a half day, a valid credit card number will be required to be on file so that the additional half day fee can be charged. Fees will not be refunded for partial days (e.g. 6 hours). Court appearance fees include time in court, as well as wait and travel times. Thus, the fee of \$2,000.00 for an out of town case may include 4 hours of travel time and 4 hours in the court room, either testifying or waiting. Additional time that goes beyond 8 hours will incur an additional \$250.00 per hour fee. In addition to fees for court testimony, there is a charge of \$250.00 per hour to prepare for your case. This fee may include review of records and previous reports as well as consultation with attorneys.

Cancellation Policy

Because my practice consists primarily of providing of outpatient psychotherapy services and routine psychological evaluations, please provide as much time as possible in advance to schedule appointments for providing forensic psychology services, including depositions and/or courtroom testimony.

Late cancellations are highly disruptive to my schedule and to my other patients. If an appointment for a court related evaluation is cancelled within 7 calendar days for any reason, including settlement, there is a \$300.00 cancellation fee.

Because of the greater time commitment involved in being available for deposition or courtroom testimony, the full half-day charge of \$2,000.00 will be assessed if such service is cancelled or continued with less than 72 hour notice.

Payment Policy

After I am retained, payment is due in full at the time of the initial appointment for the psychological evaluation/parental assessment. Any additional fees that have been incurred in excess of the basic \$2,000.00 evaluation fee are due prior to the report being released. The fee for court appearance is due 10 days prior to the scheduled court date.

The fee may be put on a credit card but will incur an additional 3% credit card charge. In the event that a refund is requested, the 3% processing fee will be forfeited. Again cancellation for psychological evaluation/parental assessment must be made within 7 days of the scheduled

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appointment to avoid the \$300.00 cancellation fee. Cancelled or rescheduled court appearances must be made 72 hours in advance of the offering of such testimony or else the fee is entirely non-refundable. I reserve the right to add an interest charge of 10% per year, compounded monthly, to all overdue amounts.

Because of the potential for cross examination on the grounds of bias, I require that all of my invoices be paid in full prior to my giving testimony at any hearing, trial or arbitration. In the event of nonpayment of my invoices, you agree that I may withdraw my services regardless of whether or not I have been formally designated as an expert.

Acknowledging Signatures

If these terms are acceptable to you, please sign where indicated below and return the letter to me with the estimated retainer listed below.

By signing below, you agree that these terms are acceptable to you and you agree to be bound by it. I look forward to working with you on this matter.

Charge for Child Custody/Parental Assessment: _____

Charge for Court Testimony (half day/full day): _____

Estimated Charge for Court Preparation: _____

Credit Card Processing Fee: _____

Estimated Total Charges: _____

Please note that additional charges may apply including additional time required for psychological assessment and court appearance which are billable at \$250.00 per hour.

Patient Signature

Witness

Date

Date