

**BLACKBIRD BEHAVIORAL HEALTH, PLLC**  
**ADOPTION EVALUATION ADVISEMENT FORM**

Cause Number: \_\_\_\_\_ Children's Names: \_\_\_\_\_

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I, the undersigned client, understand that as part of a court-ordered assessment an adoption evaluation has been requested regarding my home and household, conducted and prepared by Mary Schaaf, LCSW, under the supervision of Aaron Robb, PhD regarding the above-named child or children. She is referred to in this document as the "evaluator" for simplicity. I understand the primary evaluator for this case has either been directly designated by the court order/agreement of the parties or has been designated as the first evaluator available to begin a new case.

I further understand that meetings and interviews with the evaluator are for the purpose of assisting the court and the parties involved in making decisions in the best interest of the child or children involved. I acknowledge that the evaluation, within the limits of the specific tasks we are appointed to by the court, is intended to be thorough, objective, independent, and in conformity with recognized best practices at the time this evaluation is conducted as appropriate to the specific situations of this case.

I understand that the evaluator will attempt to obtain as much relevant information as possible from all sources needed to address the issues before the court. I understand and acknowledge that the evaluator will use 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 custody evaluations or home studies if such reports exist.

I understand that that although I may be providing payment to the evaluator she is working for the court, 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 fee for the evaluation is a flat fee of \$1,500 for a household up to five people. The fee for households of more than five people is \$1,750. The fee is based on what the evaluator believes in a reasonable amount of hours needed to complete a study at a standard rate of \$100 per hour. The fee is paid prior to initiation of the home study process. Payment should be made in the form of credit card, Zelle, check or money order made out to Blackbird Behavioral

**Initial:** \_\_\_\_\_

Blackbird Behavioral Health, PLLC • 825 Hwy 199 Suite 102 • Springtown, TX, 76082  
Telephone 817-694-9662 • Fax 855-210-5519

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Health, PLLC. Returned checks will be charged the maximum fee allowable under law. Payment by credit card is accepted for an additional fee of \$37.50 or \$43.75.

**Other costs:** I understand that each of the parties will be responsible for any fees for production of third-party records or other information related to this evaluation. I understand that if this case settles costs for postage, copying of records and other administrative costs will be billed and payment is required prior to the home study submission. Additionally, I understand cancellation of any appointment with less than 72 hours notice will incur a one-hour service fee of \$100.

I understand that if my attorney or I request a court appearance, deposition, or participation in any type of settlement conference by the evaluators there will be an additional fee of \$125.00 per hour, with a minimum charge of four hours. Such fees are due at least one week before the scheduled appearance. 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 \$250.00 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 of \$100 with a minimum four-hour retainer due in advance.

**Travel:** I understand that interviews with adults will generally be conducted at a location determined after appointment from the court and that interviews with children will generally be in the homes of the parties. Unless the court has specifically ordered otherwise a review of the residence is a mandatory part of the evaluation. Travel fees are not assessed for parties residing within Tarrant, Parker or Wise County. If any party lives outside of Tarrant, Parker or Wise County an additional travel fee may be charged. Travel time is charged at \$75.00 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 \$75.00 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 fee estimate; and other case specific factors. Should costs rise above the original fee estimate I understand the evaluator will notify my attorney before proceeding further and the original retainer will be revised.

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**Services not provided:** I understand and acknowledge that the evaluators are 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 social study evaluation. I understand should the court or the attorneys request the evaluators to participate in a settlement conference they will do so only as an evaluator and only for the purposes of clarifying, explaining, or otherwise communicating the results of his evaluation and report.

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. I understand I am to provide my attorney copies of any information I provide to the evaluator so that proper discovery procedures may be complied with. I understand that any copies of electronic records submitted by me to the evaluator must be sent to through my attorney. I understand that the evaluator will not review any audio or video recordings unless all attorneys have been provided copies and all attorneys have agreed to or the court has ordered such a review.

**Professional practice statements:** For the purposes of reporting violations of licensing rules or regulations the Texas State Board of Examiners of Licensed Professional Counselors or the Texas State Board of Examiners of Social Workers can be contacted by mail at Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369, and by telephone at 800-942-5540.

I understand and acknowledge that the outcome of the evaluation 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 the evaluation 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 Mary Schaaf's death, incapacity, or termination of practice, custody and control of records maintained by Mary Schaaf will be turned over to Amber Gentry-Lopez, LPC-S

**Insurance coverage:** I understand that none of the services provided to me 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:

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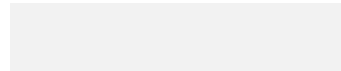
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- The evaluator may be required to testify in open court in the course of litigation. Any information provided to the court may become public record.
- The evaluator may make a report to the court and the attorneys of record. A copy of the written report and the written materials provided to the court are available 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 record 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 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 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.

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

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

Client: \_\_\_\_\_  
Signature
Printed Name



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