

Custody Evaluations  
Psychological Testing

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Marital Counseling  
Parent Guidance  
Psychotherapy

## Informed Consent Psychological Testing

Date: \_\_\_\_\_

I, \_\_\_\_\_  
agree to interviews and psychological tests to be given to me by Carl F. Hoppe, Ph.D. These interviews and psychological tests have been requested by:

\_\_\_\_\_  
Carl F. Hoppe, Ph.D., has further explained to me that the purpose of these psychological tests is to prepare a written psychological report to the evaluator concerning: The matter before the Court re:

\_\_\_\_\_  
Carl F. Hoppe, Ph.D., has further informed me that this work will be confidential and privileged unless submitted as evidence at Court. No other reports will be made except by subpoena or by appropriate court order.

The payment for the psychological tests will be made by the client or on behalf of the client before any tests are scored. The report will be prepared only after all payments have been made. The Charge for testing one person is:

\$ \_\_\_\_\_ plus any additional attorney consultation time @ \$350/hour.

Additional consultation time, if any, will be billed at the rate of \$350.00 the hour. If Carl F. Hoppe, Ph.D., is ever called to testify in any proceeding, legal or other, regarding this matter, it will be only as an expert witness (not as a percipient witness). Carl F. Hoppe will appear in any deposition and other procedure only after the client and/or his or her attorney so requests and makes advance payment in the form of a Cashier's Check or Money Order and with appropriate advance notice. The fee for time at Court shall be \$2,000.00 per half-day or portion thereof. A half-day begins at 8:00 AM and ends at noon, or begins at 1:00 PM and ends at 5:00 PM.

Client understands that Carl F. Hoppe, Ph.D., has made no warranties or guarantees relative to the conclusion or findings of the psychological tests. The fees under this agreement are not contingent on results or final outcome.

The client(s) agree to hold Carl F. Hoppe, Ph.D., harmless from any liability from any reports or testimony in connection with the psychological tests.

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

Witnessed: \_\_\_\_\_