

**Family Court Counseling Services
Racine County Courthouse
730 Wisconsin Avenue-Fifth Floor
Racine, Wisconsin 53403
Telephone (262) 636-3162
Facsimile (262) 636-3689**

INFORMED CONSENT

Case Name:
Case Number:

Children's Names:

I, the undersigned, understand that a legal custody/physical placement study prepared by Donald E. LaFave, social worker, has been ordered by the court in reference to the above matter.

I further understand that my sessions with the social worker are for the purpose of assisting the court or the parties in making a decision in the best interest of the child(ren) involved.

I have been informed and I understand that any communications or statements made by me or the child(ren) will NOT be privileged and confidential in that:

- The social worker may confer, in connection with the court ordered study, with mental health professionals, physicians, school personnel, child care providers, 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 study.
- The social worker is required under law to make reports to the appropriate authorities of suspected child abuse.
- The social worker is required to prepare a report, written or oral, to the court and the attorneys and the clients may be present at the time of the oral report. The written report and the written materials provided to the court are available to the attorneys of record and for clients who represent themselves.
- The social worker may be required to testify in court in the course of the litigation.
- Information provided to the court may become public record.

Signed this _____ day of _____, 2004.

Client: _____
Signature

Printed Name