## **COURT APPEARANCE POLICY**

Stacie Crochet, LCSW does not make any court appearances.

I am a Licensed Clinical Social Worker, who provides clinical services to parents, couples, families and adolescents. This clinical work takes the form of individual counseling, family and/or couples counseling. In my clinical role, I cannot assist my clients in divorce or custody litigation, and I disclose this fact to each client and client family who come to me for services. As a Licensed Clinical Social Worker, I cannot disclose any marital therapy, couples counseling or family therapy information without the consent of all my clients. This is required by Washington/Oregon law, HIPAA Standards, and the NASW Code of Ethics.

Please do not ask me to write any reports for the court as I cannot do so. Do not ask me to testify in court, because this will destroy my professional relationship with my clients. I am not a custody evaluator and do not do Child and Family Investigation work or Parental Responsibility/Parenting Time evaluations. If the court has appointed a CFI or a PR/PT evaluator, those are the individuals that can make recommendations to the court. I cannot make recommendations to the court concerning parental responsibility or parental time issues. That would exceed my role as a therapist, and would adversely affect my ability to help families, parents and children. Furthermore, therapy is not the answer for legal disputes. Please do not request records for purpose of legal resolution.

Should Ms. Crochet be subpoenaed, or ordered by a court of law, to appear as a witness in an action involving the client, the client agrees to reimburse Ms. Crochet for any time spent for preparation, travel, or other time in which she has made herself available for such an appearance. Please ask for list of charges.

I/We the undersigned, have read and fully understand the above policies. I/We further agree to abide by the policies set out above. I/We have had a chance to ask my/our counselor for additional clarification regarding these policies.

| Signature/Date |
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