Helping Children
(780-988-1060)
drj@helpingchildren.ca
www.helpingchildren.ca

Custody/Access Dispute Contract

(Adapted from the Court Clinic - Ottawa, Ont.)

The purpose of this contract is to obtain written agreement that registered psychologist, Dr. R. Coranne Johnson and/or RCJ Psycho-Educational Services LTD. (Helping Children Clinic), will not be asked to participate in any litigation regarding the custody/access dispute of your children. If Dr. Johnson is asked to participate in litigation, Dr. Johnson's neutral role with the family may be compromised. This is likely to seriously jeopardize any progress that may have been made in Child Psychology Services (Child Therapy and Parent Coaching). In order to prevent such deterioration of any Child Psychology Service, it is crucial that Dr. Johnson has every reassurance that there will be absolutely no involvement on her part in current or future litigation between the parents. This is best accomplished by both parents signing this statement.

We wish to enlist the services of Dr. R. Coranne Johnson, R. Psych. in the treatment of our child(ren) and/or family. We understand that such treatment will be compromised if information revealed therein is brought to the attention of the court in the course of a custody/access dispute. Accordingly, we will mutually pledge that we will neither individually nor jointly involve Dr. Johnson and/or RCJ Psycho-Educational Services LTD. (Helping Children Clinic) in any litigation whatsoever. We will neither request nor require Dr. Johnson to provide testimony in court. If the services of a mental health professional are desired for court purposes, the services of a person outside of Dr. Johnson must be enlisted.

We have read the above, discussed these provisions with legal counsel that we may be involved with at the present time and agree to proceed with Child Psychology Services for:

_____   _____
Child's Name   D/O/B

_____   _____
Child's Name   D/O/B

_____   _____
Child's Name   D/O/B

_____   _____
Date   Signature of Parent

_____   _____
Date   Signature of Parent

_____   _____
Date   Dr. R. C. Johnson, R. Psych.