



CUSTODY/ACCESS DISPUTE CONTRACT

Provisions for Services with a Family Involved in Custody/Access Disagreements

When a family who is involved in a custody/access disagreement come for treatment, a special risk situation exists regarding the treatment of the family and its members. Specifically, if the therapist is asked to participate in any way in any litigation, the therapy may be seriously compromised. Effective therapy is best accomplished when **both** parents have a good relationship with the therapist. Information that the therapist might provide the court is likely to benefit one parent at the expense of the other. The parent whose position has been weakened by this information cannot but harbour animosity towards the therapist. Such hostility towards the therapist is likely to compromise significantly any treatment that may have been done. In order to prevent such deterioration of any therapy it is crucial that we have every reassurance that there will be absolutely no involvement on our part in current or future litigation between the parents. This is best accomplished by both parents signing this statement:

We wish to enlist Woodview's services in the treatment of our family. We recognize that such treatment will be compromised if information revealed therein may subsequently be brought to the attention of the court in the course of any litigation.

Accordingly, we mutually pledge that we will neither individually nor jointly involve Woodview in any litigation whatsoever. We will neither request nor require that Woodview staff provide a testimony in court, either as an advocate or as an impartial. We will neither request nor require that Woodview documents might ultimately be used in the litigation. We will not permit Woodview staff to communicate with either of our attorneys in any manner, either verbally or in written form. In short, we strictly refrain from involving Woodview in any litigation, in any way whatsoever, either directly or indirectly.

We have read the above, discussed these provisions with any attorney that we may be involved with at the present time and agree to proceed with the therapy.

_____	_____
Date	Signature
_____	_____
Date	Witness
_____	_____
Date	Signature
_____	_____
Date	Witness

(Taken and modified from the Court Clinic in Ottawa, Ontario)

Verbal consent received from client/guardian indicated above.