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SERVICE AGREEMENT
Children's Views and Preferences Report

Parent: _____ Parent: _____

**The above parents/guardians wish to have the following child(ren's) views
and preferences heard in their case:**

Child: _____ D.O.B.: _____ Child: _____ D.O.B.: _____

Child: _____ D.O.B.: _____ Child: _____ D.O.B.: _____

The parties agree to the following:

1. The court has ordered or the parents/guardians have agreed (by way of this service agreement) that a mental health professional conduct interviews with their child(ren) in order to listen to their child(ren's) views and preferences. The results of the interviews will be provided in a report.
2. The parties acknowledge that the scope of this interview is to gather information from the child(ren). This interview is for the purpose of documenting the children's views, concerns and ideas. It is not intended to be therapeutic.
3. Gillian Sheldrick, MSW, RSW agrees to conduct the interviews with the child(ren) and prepare the report for the parents/guardians, lawyers, and/or court.
4. Gillian Sheldrick, MSW, RSW will conduct this service under the following terms and conditions:
 - a) The total fee for this service is **\$1800.00**.
 - b) The court has ordered or the parents/guardians have agreed (by way of this agreement) that _____ is responsible to pay ____% of the fee and _____ is responsible to pay ____% of the fee.

c) Upon completion of the report, Gillian Sheldrick, MSW, RSW is directed to distribute copies of the report to _____ and _____.

5. Each party acknowledges that if the child discloses information during the interviews that is indicative of possible abuse and/or neglect, Gillian Sheldrick, MSW, RSW is required by law to report all of these incidents to the appropriate Child Welfare agency.
6. The parents/guardians are advised to obtain independent legal advice, particularly prior to signing any written agreement, to ensure that they are fully informed of their legal rights and obligations and the legal implications of such an agreement.

All parties agree to be bound by the terms of this agreement effective from:

Dated this ____ day of _____, 2017.

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Name

Parent/Guardian Signature

Therapist Name

Therapist Signature