



Department of Psychiatry  
Child and Family Forensic Center

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**UMASS FAMILY COURT CLINIC**

**BRIEF CLINICAL EVALUATION**

**GENERAL INFORMATION AND INFORMED CONSENT AGREEMENT**

1. The mission of the UMass Family Court Clinic is to provide judges, attorneys, and families in the Worcester Probate and Family Court system with clinical expertise as an aid in effective and efficient decision-making for the benefit of children. The mission is achieved through the provision of brief clinical evaluations addressing specific concerns of the Court, consultation to attorneys and parents, and research.

2. In its order of \_\_\_\_\_, the Worcester Probate and Family Court has ordered me to undergo this evaluation of myself and/or my children. A brief assessment is a form of consultation to the Court.

3. Any information that I offer or grant access to may be shared with the other party in this dispute. Some or all of this information may be included in a report, which will be sent to the Worcester Probate and Family Court. If there is a reasonable basis for suspecting that my child is being abused, any clinician in the Court Clinic must report that to the Department of Children and Families. If I express specific intent to harm myself or someone else, the clinician is required to take appropriate protective action.

4. I further am aware that the Court Clinic will not give me a copy of this report. However, with the Court's permission, I may be able to read it in the presence of my attorney. If I am *pro se*, that is I represent myself, I must request a release of the report from the court.

5. I understand that I am not to discuss the contents of the report with my child(ren).

My signature below indicates that I have read and understood the information above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Witness