

**JACK D. LOVE, LMFT
FORENSIC FAMILY SERVICES
CALIC LMFT 7778**

ATTORNEY CONSULTATION AGREEMENT

I, the undersigned Attorney at Law, am retaining the services of **Jack D. Love, LMFT**,
(referred to hereafter as "the Consultant").

In consideration for the Consultant's services, I hereby agree to the following:

1. Scope of Consultation

The consultation will be in regard to my client, _____.

2. Nature of the Relationship

I understand that **I**, not my client, am the Consultant's client.

3. Fees and Payment Terms

- The fee for the consulting services is \$_____ **per hour**.
- A deposit of \$_____ is required before services begin, payable to **Jack D. Love, LMFT**.

4. Limitations of Role

- The Consultant **will/will not** act as an expert witness.
- The Consultant **will/will not** be called to testify in court.

5. Decision-Making Authority

I acknowledge that I am solely responsible for all decisions regarding my case. The Consultant is not responsible for outcomes related to the case.

6. Right to Withdraw

The Consultant retains the right to withdraw from providing services at any time.

7. Confidentiality and Exceptions

I understand that the consultation with the Consultant is otherwise confidential, except for the following circumstances:

- The Consultant, as a licensed mental health professional, is a mandated reporter. This means that if there is reason to suspect **child abuse** or **intent to harm a third party**, confidentiality may be breached as required by law.

The exceptions to confidentiality apply to all interactions between the Consultant, myself, and/or my client.

Date: _____ **Attorney Signature:** _____