

JACK D. LOVE, LMFT  
FORENSIC FAMILY SERVICES  
CALIC LMFT7778

**Confidential Consultation Agreement and Fee Policies**

The purpose of this Agreement is to explain the service and fee arrangements for Jack D. Love, LMFT, who has been asked to provide confidential consultation to (CLIENT) who is represented by (ATTORNEY). I understand that Mr. Love may not agree with my perspectives but will provide services and opinions within the scope of his expertise. I understand that Mr. Love will not become a disclosed expert to testify on my behalf in this case.

Consultation is confidential and, unless Mr. Love consents to release information, will not be disclosed to anyone. Mr. Love will assert that his work product is protected by the attorney-client privilege if he receives a subpoena to disclose any information from his file. I understand that Mr. Love may exchange information with me, which is privileged and not subject to disclosure. The following circumstances, however, are exceptions to confidentiality.

I have been informed that under California statutes that designate Mr. Love's duties as a mental health professional: a) if an individual communicates to him a serious threat to harm an identifiable person, he must warn that person and the police; (b) if he suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and (c) if you seem dangerous to self or others, or are unable to care for yourself, hospitalization may be required.

I agree to pay Mr. Love's consultation fees at a rate of \$250.00 per hour. Charges will be billed for all time spent on this case including but not limited to review of case documents, consultations with the client/attorney/third parties, assisting with drafting documents, appearances, and travel time necessary to fulfill his role. I agree to provide an initial retainer in the amount of \$1500 and understand my retainer must be replenished before further work is provided. Any remaining retainer amount will be refunded after Mr. Love's services are no longer needed.

\*\*\*I have read and agree to the conditions set forth above\*\*\*

Signature of Client: \_\_\_\_\_/Date: \_\_\_\_\_

Signature of Attorney: \_\_\_\_\_/Date: \_\_\_\_\_