



PSYCHIATRIC AND COUNSELING SERVICES, LLC

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COURT TESTIMONY AND EXPERT WITNESS CONSENT FORM

I understand that I will not involve or engage my therapist in any legal issues or litigation in which I am a party to at any time either during my counseling or after counseling terminates. This would include any interaction with the Court system, attorneys, Guardian ad Litems, psychological evaluators, alcohol and drug evaluators, or any other contact with the legal system. In the event that I wish to have a copy of my file, and I execute a proper release, my therapist will provide me with a copy of my record, and I will be responsible for charges in producing that record. If I believe it necessary to subpoena my therapist to testify at a deposition or a hearing, I would be responsible for his or her expert witness fees in the amount of \$375.00 per hour including travel time. There will be a minimum of 1 hour prep time and one hour court time that will need to be paid up front 5 days prior to the court hearing. I understand that if I subpoena my therapist, he or she may elect not to speak with my attorney, and a subpoena may result in my therapist withdrawing as my counselor.

Signature of Client/Legal Guardian

Date

Staff Signature

Date