

CAUSE NO. _____

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IN THE DISTRICT COURT

JUDICIAL DISTRICT

BEXAR COUNTY, TEXAS

ORDER FOR EVALUATION

The Court finds that it is in the best interest of the child(ren) herein that (Name, degree/license initials) _____ (hereafter referred to as "Evaluator"),

Address _____,

Phone _____ Cell _____ Fax _____,

Bexar County Evaluator Identification Number _____, conduct the following procedures and said Evaluator is hereby ORDERED to conduct the following:

CHECK BOXES AS REQUIRED:

- SOCIAL STUDY LOW COST SOCIAL STUDY* PRO BONO SOCIAL STUDY AND/OR PSYCH EVAL (upon preauthorization by DRO)
- COUNSELING PSYCHIATRIC EVALUATION COOPERATIVE PARENTING
- PSYCHOLOGICAL EVALUATION

EVALUATION TO ADDRESS THE FOLLOWING:

- CONSERVATORSHIP POSSESSION TERMINATION/ADOPTION ADOPTION
- FAMILY VIOLENCE ALLEGATIONS GRANDPARENT ACCESS

BRIEF FOCUSED ASSESSMENT:

- FOCUS OF EVALUATION: INTERVIEW CHILDREN RELOCATION
- CHILD'S EXPRESSED OBJECTIVE COLLATERAL INFORMATION HOME INSPECTIONS
 - OTHER: _____

SPECIAL INSTRUCTIONS: _____

This SOCIAL STUDY shall be conducted pursuant to the **criteria for Court Ordered Social Studies established by Bexar County Juvenile Board as approved June 26, 2003**. IT IS ORDERED that the attorneys are to provide a copy of this Order to the Evaluator within **three business days** of the signing of this Order and FURTHER ORDERED that the Evaluator and the **petitioner/respondent (circle one)** have an initial appointment no later than _____ (15 days) and the **petitioner/respondent (circle one)** have an initial appointment no later than _____ (20 days). The parties named herein shall attend all appointments as required by the Evaluator unless otherwise ordered by the Court.

***LOW COST SOCIAL STUDY**

Petitioner and Respondent are ordered to pay the evaluator identified above a preparation fee of \$250 from each party. The evaluator is authorized to collect fees from both parties before beginning the Low Cost Social Study.

PAYMENT

The Evaluator shall be paid according to the Evaluator’s protocol as follows:

_____% PETITIONER/MOVANT _____% RESPONDENT _____% OTHER

PARTIES TO THIS ACTION

MOTHER Petitioner/Movant Respondent

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Mobile _____

FATHER Petitioner/Movant Respondent

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Mobile _____

ATTORNEYS

MOTHER’S ATTORNEY **Pro Se**

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

FATHER’S ATTORNEY **Pro Se**

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

ATTORNEY AD LITEM

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

CHILDREN, THE SUBJECT OF THIS SUIT

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

Name _____ Sex _____ DOB _____

GUARDIAN AD LITEM **AMICUS ATTY.** **OTHER (parties, agencies and/or attorneys)**

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Fax _____

The following provisions are directed to third persons or agencies who are not parties to this action.

- a. Upon presentation of this Order and a signed release, if required by law, to any agency, hospital, organization, school, person or office, including any Clerk of the Court, any child-caring agencies or facilities, public and private health facilities, medical and mental health professionals (including doctors, nurses, pediatricians, psychologists, psychiatrists, counselors or their respective staffs), the Evaluator designated in this cause is hereby **authorized to inspect and copy any records relating to the named child(ren) and the parties.**
- b. Upon presentation of this Order and a signed release, if required by law, the Evaluator **shall be permitted reasonable access to the child(ren) by any agency, hospital, organization, school, person or office for the purposes of meeting, speaking with, and observing the child(ren).**

IT IS ORDERED that the parties shall sign all releases requested by Evaluator. IT IS FURTHER ORDERED that upon completion of the evaluation, the appointed Evaluator shall prepare a written report, with the original filed with the District Clerk with an attached copy that will be forwarded to the Domestic Relations Office and copies sent to the attorneys or pro se parties. IT IS FURTHER ORDERED that this report shall be filed and forwarded to attorneys and pro se parties within ninety (90 days) from the date of this Order.

Failure to comply with the terms of this Order may result in sanctions against the offending party, as provided by law.

SIGNED on _____.

JUDGE PRESIDING

APPROVED AS TO FORM ONLY:

Attorney for Movant
State Bar No: _____
Address: _____

Phone: _____

Attorney Ad Litem
State Bar No: _____
Address: _____

Phone: _____

Attorney for Respondent
State Bar No: _____
Address: _____

Phone: _____

Other Attorney
State Bar No: _____
Address: _____

Phone: _____

APPROVED AS TO BOTH FORM
AND SUBSTANCE:

Petitioner/Respondent

Respondent/Movant