

AUTHORIZATION FOR RELEASE OF INFORMATION FOR CHILD CUSTODY EVALUATION CCRC & 3111

For the Country of _____ California
Court: _____ Case No. _____

Purpose of this Authorization:

I, _____, understand that **Joel Walton, LMFT** has been appointed by the court to conduct a ___ CCRC or a ___ 3111 Child Custody Evaluation to assist in determining the best interests of my child(ren). As part of this process, it may be necessary to gather information from individuals who have knowledge relevant to my child(ren)'s well-being, including but not limited to family members, medical and mental health providers, school personnel, and other professionals.

Authorization to Release Information:

I authorize **Joel Walton, LMFT** to contact and obtain information from the following individuals or entities regarding my child(ren):

- Medical providers (e.g., pediatricians, therapists, psychiatrists)
- Educational personnel (e.g., teachers, school counselors, special education coordinators)
- Family members and significant others
- Other professionals as deemed necessary for the evaluation

Scope of Information to Be Released:

I understand that the information obtained may include medical, psychological, educational, and other records relevant to the child custody evaluation. The purpose of obtaining this information is to provide a comprehensive and impartial assessment of my child(ren)'s needs and circumstances.

Duration of Authorization:

This authorization is valid for the duration of the child custody evaluation or for a period not to exceed two years from the date of my signature, whichever comes first.

Right to Revoke Authorization:

I understand that I have the right to revoke this authorization at any time by providing written notice to **Joel Walton, LMFT**. However, I acknowledge that revoking this authorization may limit the evaluator’s ability to conduct a thorough assessment. Any information obtained prior to the revocation may still be included in the evaluation report.

Confidentiality and Use of Information:

I understand that the information collected as part of this evaluation may be included in reports submitted to the court. While the evaluator will make every effort to protect sensitive information, I acknowledge that confidentiality is limited due to the nature of the court-ordered evaluation process.

Name(s) of Child(ren)

| | |
|----------------------|------------|
| Name of Child: _____ | DOB: _____ |
| Name of Child: _____ | DOB: _____ |
| Name of Child: _____ | DOB: _____ |
| Name of Child: _____ | DOB: _____ |
| Name of Child: _____ | DOB: _____ |
| Name of Child: _____ | DOB: _____ |

Acknowledgment and Consent:

I have read and understand the terms of this authorization. I voluntarily consent to the release of information as described above.

Parent/Guardian Name: _____

Phone and/or Email: _____

Signature: _____

Today’s Date: _____