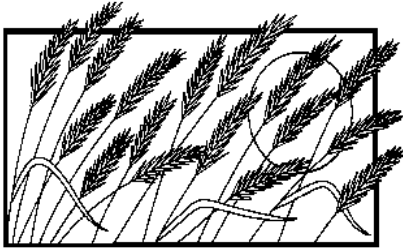


GREAT PLAINS PSYCHOLOGICAL SERVICES



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CONSENT / POLICY FOR MEDIATION SERVICES

The following is an outline of the policy and procedures to complete Mediation Services:

Consent for Mediation Services:

I, _____
agree to the evaluation being conducted by **Great Plains Psychological Services**. I understand that information gathered through interviews, review of written materials, psychological testing, reference feedback, and all other sources of information gathered over the course of this evaluation can be communicated to the attorneys involved, the court, and other professionals who have a need to know.

I further understand that there is no privileged communication for any of the parties involved in this evaluation. My signature below further indicates my agreement to allow myself and my minor child(ren) to be evaluated for the purpose of assisting the court in determining an appropriate visitation arrangement.

Fees: \$140/hour Face-to-Face Interview Time (to be paid at the time of each visit)
\$140 No Show Fee (see policy below)

The services rendered for a mediation service could include but are not limited to written report to the court, psychological testing, psychological evaluation, collateral contacts, a home visit with the child(ren) present, review of written materials, travel time (if client resides outside of the Sioux Falls area), cleared time and testifying in court proceedings.

I understand the policy for the mediation service is that all fees are to be paid in full at the time of each visit along with the court retainer fee to be paid at the time of the initial visit. I also understand that I am responsible, in full, for any appointments which I do not give 24 hour notice of cancellation. (If both parties do not give 24 hour notice, the fee will be split between both parties. If only one party does not given 24 hour notice for cancellation, they are responsible for the full amount.)

(Client Signature)

(Date)

(Witness)