

FORM IV

CONSENT TO PSYCHOSOCIAL EVALUATION

CANADA

SUPERIOR COURT

PROVINCE OF QUÉBEC

Family Chamber

DISTRICT OF

NO

PLAINTIFF(S)

v.

DEFENDANT

CONSENT TO PSYCHOSOCIAL EVALUATION

We the undersigned hereby consent, subject to the court's Order, that an evaluation be made by an expert designated by the "Service d'expertise psychosociale" attached to the Family Chamber of the Superior Court, with respect to our minor child(ren):

(name of child) (name of child) (name of child) (name of child)

We consent that the evaluation begin after the attestation of the mediation service is filed in accordance with articles 417 and following of the Code of Civil Procedure (chapter C-25.01).

We consent to cooperate on the conduct of interviews with each one of us and our child or children if the expert deems it expedient.

We also consent that the expert may communicate with the persons and establishments hereinafter named, and obtain relevant information from their records, namely:

We consent that the designated expert be authorized by the Court to take cognizance of the court record, including records and medical reports kept under seal in accordance with section 16 of the Regulation of the Superior Court in civil matters (chapter C-25.01 (*insert the number of the Regulation*)) and authorize the clerk to give the expert access to the record.

We further consent that the expert's report be filed as evidence in the court record, subject to the right of the parties to cross-examine the expert and introduce additional evidence.

AND WE HAVE SIGNED AT

this _____ day of _____, 20_____.

LAWYER FOR PLAINTIFF

PLAINTIFF

LAWYER FOR DEFENDANT

DEFENDANT

INTERVENTION

I consent to the granting of access to and the communication of information from the records covered by my parent's consent, and to the filing of the expert's report as evidence.

MINOR CHILD IF 14 YEARS OF AGE OR OLDER