

FORM IV

CANADA
PROVINCE OF QUÉBEC

SUPERIOR COURT
Family Division

District: _____

File No. _____

Plaintiff

v.

Defendant

CONSENT TO PSYCHOSOCIAL EVALUATION AND CONSULTATION OF RECORDS

We, the undersigned, hereby consent to an evaluation by an expert of the Service d'expertise psychosociale of an institution governed by the Act respecting health services and social services (CQLR, c. S-4.2) with respect to our minor child(ren):

(given name and surname of the child)

(given name and surname of the child)

(given name and surname of the child)

(given name and surname of the child)

We consent to cooperate with the holding of interviews with each one of us and our child(ren), as well as with other members of our respective families, if required by the expert.

We consent that the expert may consult and obtain a copy of the Court file, including medical reports and files kept under seal in accordance with section 16 of the Regulation of the Superior Court of Québec in civil matters (CQLR, c. C-25.01, r. 0.2.1).

We also consent that the expert may communicate with the persons, professionals or institutions hereinafter named and, if need be, obtain a copy of all the files necessary and relevant to the preparation of his or her report:

Lastly, we understand that the expert's report will be deposited under seal in the Court file, subject to our right to examine the expert and introduce any additional evidence.

AND WE HAVE SIGNED IN _____, on _____

Counsel for the plaintiff

Plaintiff

Counsel for the defendant

Defendant

CONSENT OF THE MINOR CHILD(REN) OF 14 YEARS OF AGE OR OLDER

I consent that an evaluation be conducted by an expert of the Service d'expertise psychosociale, and that he or she be given access to and be provided copies of the above files.

Counsel for the child

Minor child of 14 years of age or older

Counsel for the child

Minor child of 14 years of age or older