

CAUSE NO. _____

IN THE INTEREST OF _____ § IN THE DISTRICT COURT
_____ § _____ JUDICIAL DISTRICT
_____ § COMAL COUNTY, TEXAS

ORDER FOR SOCIAL STUDY / PSYCHOLOGICAL EVALUATION

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

Address: _____

Phone: _____ ; Cell: _____ ; Fax: _____

conduct the following procedures and said Evaluator is hereby ORDERED to conduct the following:

CHECK BOXES AS REQUIRED:

- SOCIAL STUDY
- PSYCHOLOGICAL EVALUATION
- COUNSELING
- COOPERATIVE PARENTING

EVALUATION TO ADDRESS THE FOLLOWING:

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

ISSUE-BASED EVALUATION:

- FOCUS OF EVALUATION:
- INTERVIEW CHILDREN
 - RELOCATION
 - COLLATERAL INFORMATION
 - HOME INSPECTIONS

OTHER: _____

SPECIAL INSTRUCTIONS: _____

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.

The costs of the activities of the Evaluator shall be borne and paid within _____ days of the signing of this Order as follows:

_____% PETITIONER / MOVANT _____% RESPONDANT _____% 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: _____
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 a certified copy 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 a certified copy 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 of the purpose 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 and copies sent to the attorneys or 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 _____, 20____.

JUDGE PRESIDING

APPROVED AS TO FORM ONLY:

Attorney for Petitioner/Movant

Attorney for Respondent

Attorney Ad Litem

Other Attorney

APPROVED AS TO FORM AND SUBSTANCE:

Petitioner / Respondent (signature)

Respondent / Movant (signature)