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## FORENSIC COUNSELING SERVICES

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Program Director

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### **ADDENDUM FOR COURT-CONNECTED COUNSELING**

**Court involvement:** I understand that although I may be providing payment to Dr. Robb, he may be required by the court to report information regarding services rendered. If counseling is court-ordered Dr. Robb may also be required to address certain issues with the parties or to share information with one or more of the attorneys involved, as appropriate to the case.

**Retainer:** A retainer equal to four hours of service (\$900.00) is due in advance from each adult directly involved with services unless the court has ordered a different division of the costs of services (in which case one adult may be required to pay some or all of both retainers). Payment may be made by check or money order made payable to Forensic Counseling Services; no electronic payments are accepted. Services may be charged against the retainer provided the retainer is fully replenished when billed. If an adult is late in replenishing the retainer services may be suspended until such time as the retainer is replenished. Should the services no longer be needed, refunds will be issued only if there is remaining retainer on account for the case, and then only up to the amount of retainer on account. Should one side fail to provide full payment issues of reimbursement may have to be addressed to the court.

**Billing:** With the exception of individual sessions, charges for the service will generally be divided equally between the parties unless otherwise specifically ordered by the court. If the order for counseling stipulates that only one party is financially responsible and the other party cancels without 72 business hours notice the fee will be deducted from the retainer on file, although the canceling person is responsible for reimbursing that charge to the other party.

There may also be times when, similar to individual sessions, the counselor deems it appropriate to charge only one party a particular fee, such as when one of the parties is disproportionately utilizing service time. This determination is solely at the counselor's discretion.

**Do not sign this form unless you have read and understood it.**

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Signature of Client (for self and minor children)

Date

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Signature of Guardian or Personal Representative

Date

*If you are signing as a personal representative of an individual please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).*