***JoAnne S. Feigin, LCSW # 9004***

**Mail*:*****Office*:***

*P.O. Box 1765 2512 Artesia Blvd., Ste 305C Manhattan Beach, CA. 90267-1765 Redondo Beach, CA 90278*

*Phone and fax: (310) 376-2047 Email: JFeigin@JoAnneFeigin.com*

**Waiver of Access to Minor’s Statements**

**Made to JoAnne Feigin, LCSW as Part of the Parenting Plan Child Custody Evaluation**

We specifically authorize that we are waiving our access to any information provided by our minor child(ren) directly to JoAnne Feigin, LCSW, during her interviews for the child custody evaluation. Unless otherwise ordered by the Court, JoAnne Feigin, LCSW, will not release information provided by our child(ren) to us, i.e., the parents. Thus, we hereby waive our rights to have access to the any information our child(ren) may provide to JoAnne Feigin, LCSW which will be contained in an addendum to the report provided to the court and the parties’ attorneys. The child custody evaluation report itself may refer to our child(ren)’s information as supporting (or not supporting) the conclusions, contained in this report. We understand that unless the parties agree (by signing), this waiver is void, and that this waiver is voluntary and optional. We also understand that if this waiver is in effect, we may be excluded from court testimony involving the information from our child(ren).  We hereby direct our attorneys to honor this waiver. We are agreeing that if we are ever representing ourselves, In Pro Per, we will not be given the portion of the file containing our child(ren)’s information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father (print name) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s counsel (print name) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother (print name) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s counsel (print name) Signature Date

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_