SCHEDULE 25

CONSENT TO PSYCHOSOCIAL ASSESSMENT

**CANADA**

**PROVINCE OF QUÉBEC  
DISTRICT OF GATINEAU**

**NO.:**

**SUPERIOR COURT**

**(Family Division)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plaintiff**

**VS.**

**Defendant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONSENT TO PSYCHOSOCIAL EVALUATION AND CONSULTATION OF RECORDS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

We, the undersigned, hereby consent that an evaluation by an expert of the *Service d’expertise psychosociale* of an institution governed by the Act respecting health 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 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 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 file.

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

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

**WRITE IN BLOCK LETTERS**

**PARTIES**

|  |  |  |
| --- | --- | --- |
| **FATHER** |  | **MOTHER** |
|  |  |  |
| Name and surname |  | Name and surname |
|  |  |  |
| Date of birth |  | Date of birth |
|  |  |  |
|  |  |  |
|  |  |  |
| Address, City and postal code |  | Address, City and postal code |
|  |  |  |
| Phone home and work |  | Phone home and work |
|  |  |  |
| Cellphone |  | Cellphone |
|  |  |  |
| Email |  | Email |

**LAWYERS**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and surname |  | Name and surname |
|  |  |  |
|  |  |  |
|  |  |  |
| Address, City and postal code |  | Address, City and postal code |
|  |  |  |
| Phone home and work |  | Phone home and work |
|  |  |  |
| Email |  | Email |

**CHILD(REN)**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name and surname | Date of birth | Phone |
|  |  |  |
| Address |  | Name of lawyer |
|  |  |  |
| Name and surname | Date of birth | Phone |
|  |  |  |
| Address |  | Name of lawyer |