



**DALLAS COUNTY
DOMESTIC RELATIONS OFFICE
FAMILY COURT SERVICES DIVISION**

ADVISEMENT FORM

CAUSE NO. _____ Children's Names _____

I, the undersigned client, understand that a social study by Family Court Services has been ordered by the Court with regard to the above-named child/children.

I further understand that my meetings with the Counselor are for the purpose of assisting the Court or the parties involved in making a decision for the best interest of the child/children.

I have been informed and I understand that any communications or statements by me or the children will **NOT** be privileged and confidential to the extent that:

1. The Counselor may be required to testify in open Court in the course of litigation.
2. The Counselor is required to make a report, written or oral, to the Court and the attorneys and clients may be present at the time of the oral report. A copy of the written report and the written materials provided to the Court is available to the attorneys of record and clients who represent themselves.
3. The Counselor may confer, for the purpose of the Court ordered social study, with mental health professionals, the Family Court Services Staff, doctors of medicine, education and child care personnel, personal references, other governmental entities, attorneys of record, and such other persons as have or need information directly related to the social study as necessary for the evaluation or treatment.
4. **All information provided to the Court may become public record.**

Signed this the ____ day of _____, 2006 at ____ o'clock AM/PM.

Client _____
Printed Name

Signature

Witness: _____