

MATTHEW J. SULLIVAN, Ph.D.

Clinical Psychology

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Consultant Agreement and Fee Policies

The purpose of this Agreement is to explain the service and fee arrangements for Matthew J. Sullivan, Ph.D., who has been asked to provide confidential consultation to _____, who is represented by _____ in a family law matter. I understand that Dr. Sullivan may not agree with my perspectives, but will provide services and opinions within the scope of his expertise. I understand that Dr. Sullivan will not become a disclosed expert to testify on my behalf in this case.

Consultation is confidential and protected by the attorney-client work product privilege and unless I consent to release information will not be disclosed to anyone. I understand that Dr. Sullivan may exchange information with me, which is privileged and not subject to disclosure. The following circumstances, however, are exceptions to confidentiality. I have been informed that under California statutes that designate my duties as a mental health professional, a) if an individual communicates to me a serious threat to harm an identifiable person, I must warn that person and the police; (b) if I suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and (c) if you seem dangerous to self or other, or is unable to care for him or herself, hospitalization may be required.

Further, I understand that information and records otherwise confidential and/or testimony concerning the case or me must be provided in the event of a court order demanding it.

Dr. Sullivan's consultation fees are \$350.00 per hour this includes all time which he spends on my case. This may include consultations, telephone consultations with third parties, drafting of written reports and letters, and travel time necessary to fulfill his role. All billing will go through the attorney's office to protect the confidentiality of the consultant's work.

I agree to provide an initial retainer in the amount of \$1400.00. This must be received at his office prior to him commencing any work. Charges for time and costs incurred will be deducted from this retainer.

I understand I will receive a monthly itemized statement for consultation services. Full payment of fees owed are due upon receipt of this statement. Any outstanding balance is considered late after 25 days of receipt of the statement, and accrue a late fee of 1.5% per month.

I have read the above and agree to the conditions set forth

Signature of Attorney: _____/Date: _____

Signature of Client: _____/Date: _____