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**Parties and Child(ren) Involved in Case**

Record the names and information of each party and of the attorneys involved this case.

**CHILD(REN)**

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of referral \_\_\_\_\_.

Was the evaluation court-ordered? **Yes No**

Was the evaluation agreed to by both parties? **Yes No**

Name of presiding judge \_\_\_\_\_

Date of hearing \_\_\_\_\_

**Fee Arrangements:** Responsible party: \_\_\_\_\_

**Fee Payments:** Advance Payment \$\_\_\_\_\_ Attorney trust Account \$\_\_\_\_\_