



**Kevin Byrd, Psy.D., HSPP**  
 301 East Carmel Drive, Suite D100  
 Carmel, Indiana 46032  
 phone: (317) 810-1102 • fax: (317) 993-3552

**Collateral Contacts**

Please complete this form to list the people you would like me to contact in the course of your custody/parenting time evaluation. It is not necessary to provide any contacts, and it will not reflect poorly on you if you choose not to provide contacts.  
 Please supply all of the contact information on the form for each contact.  
 Please be sure to tell me what you believe each contact can address. Examples of useful information are:

- They have observed your parenting on a number of occasions and can speak to your parenting skills.
- They have witnessed events you think are important to document, either about you or the other party.
- They can speak to other information you believe is relevant to the outcome of this evaluation.

Possible contacts to consider: your children’s teacher(s), your children’s therapist, parents of your children’s friends, and anyone who can document any serious allegations (domestic violence, child abuse, substance abuse, legal infractions).

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

**Your Signature:** \_\_\_\_\_

Name of Collateral Contact	Relationship to you	Phone number	Email address	What can this person address that is relevant to this evaluation?

Please contact any people listed above to let them know I **might** be calling to talk to them. From your list I will decide who to call based on whether I think the information they can provide will make a difference (sometimes I already have enough information about things collaterals can speak to).