

HOPE for Recovery

15750 S. Bell Road, Suite 1A
Homer Glen, IL 60491

(855) 223-HOPE
Hours by Appointment Only

Court-Related Services Requirement

Co-Parenting – Reunification – Mediation – All Supervised Visitation

(Digital signatures are not accepted for this form)

Our policy is to offer therapeutic support and direction to individuals and families in crisis. We must maintain HIPAA and legal boundaries in order to effectively assist our clients. We will offer recommendations to the GAL that are in the best interest of our clients (with consent) based on our knowledge of the mental and emotional well-being of our clients; as well as situational factors, such as assessment results and verbal information.

Our work with our clients depends on confidentiality to maintain the client-therapist relationship; therefore, **to begin or continue services**, we require an agreed court order that prevents our Agency or any of our therapists from being subpoenaed as witnesses for depositions, testimony, temporary hearings, or affidavits. Communications with the GAL may occur with releases executed by the parties.

Client Name (Please PRINT): _____

Client Signature: _____ Date: ____/____/____

Client Attorney Name (Please PRINT): _____

Client Attorney Signature: _____ Date: ____/____/____