

CAUSE NO. \_\_\_\_\_

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**IN THE DISTRICT COURT**

\_\_\_\_\_  
**JUDICIAL DISTRICT**

**BEXAR COUNTY, TEXAS**

**ORDER FOR EVALUATION**

The Court finds that it is in the best interest of the child(ren) herein that (Name, degree/license initials) \_\_\_\_\_ (hereafter referred to as "Evaluator"),  
Address \_\_\_\_\_,  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_,  
Bexar County Evaluator Identification Number \_\_\_\_\_, conduct the following procedures and said Evaluator is hereby ORDERED to conduct the following:

**CHECK BOXES AS REQUIRED:**

- CHILD CUSTODY EVALUATION
- LOW COST CHILD CUSTODY EVALUATION\*
- PRO BONO CHILD CUSTODY EVALUATION (upon preauthorization by DRO)
- PSYCHIATRIC EVALUATION
- COOPERATIVE PARENTING
- PSYCHOLOGICAL EVALUATION
- PARENT FACILITATOR
- COUNSELING
- PARENT COORDINATOR

**EVALUATION TO ADDRESS THE FOLLOWING:**

- CONSERVATORSHIP
- POSSESSION
- TERMINATION/ADOPTION
- ADOPTION
- FAMILY VIOLENCE ALLEGATIONS
- GRANDPARENT ACCESS

**BRIEF FOCUSED ASSESSMENT:**

- FOCUS OF EVALUATION:     INTERVIEW CHILDREN                       RELOCATION
- CHILD'S EXPRESSED OBJECTIVE     COLLATERAL INFORMATION     HOME INSPECTIONS
- OTHER: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

This CHILD CUSTODY EVALUATION shall be conducted pursuant to the **criteria for Court Ordered Social Studies established by Bexar County Juvenile Board as approved June 26, 2003**. IT IS ORDERED that the attorney of the **petitioner/respondent (circle one)** are to provide a copy of this Order to the Evaluator within **three business days** of the signing of this Order and FURTHER ORDERED that the Evaluator and the **petitioner/respondent (circle one)** have an initial appointment no later than \_\_\_\_\_ (15 days) and the **petitioner/respondent (circle one)** have an initial appointment no later

than \_\_\_\_\_ (20 days). The parties named herein shall attend all appointments as required by the Evaluator unless otherwise ordered by the Court.

**\*LOW COST CHILD CUSTODY EVALUATION**

Evaluator to be assigned by the DRO Director. Petitioner and Respondent are ordered to pay the evaluator identified above a preparation fee of \$250 from each party. The evaluator is authorized to collect fees from both parties before beginning the Low Cost Child Custody Evaluation. Petitioner and Respondent are Ordered to appear at the Domestic Relations Office, at Bexar County Courthouse, 100 Dolorosa, 3<sup>rd</sup> Floor, San Antonio, Texas 78205 to complete application no later than 15 days after the date of this Order.

**PAYMENT**

The Evaluator shall be paid according to the Evaluator’s protocol as follows:

\_\_\_\_\_% PETITIONER/MOVANT       \_\_\_\_\_% RESPONDENT       \_\_\_\_\_% OTHER

**PARTIES TO THIS ACTION**

**MOTHER**    Petitioner/Movant    Respondent

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**FATHER**    Petitioner/Movant    Respondent

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Mobile \_\_\_\_\_

**ATTORNEYS**

**MOTHER’S ATTORNEY**     **Pro Se**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**FATHER’S ATTORNEY**     **Pro Se**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**ATTORNEY AD LITEM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**CHILDREN, THE SUBJECT OF THIS SUIT**

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

**GUARDIAN AD LITEM**     **AMICUS ATTY.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**OTHER (parties, agencies and/or attorneys)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

The following provisions are directed to third persons or agencies who are not parties to this action.

- a. Upon presentation of this Order and a signed release, if required by law, to any agency, hospital, organization, school, person or office, including any Clerk of the Court, any child-caring agencies or facilities, public and private health facilities, medical and mental health professionals (including doctors, nurses, pediatricians, psychologists, psychiatrists, counselors or their respective staffs), the Evaluator designated in this cause is hereby **authorized to inspect and copy any records relating to the named child(ren) and the parties.**

- b. Upon presentation of this Order and a signed release, if required by law, the Evaluator **shall be permitted reasonable access to the child(ren) by any agency, hospital, organization, school, person or office for the purposes of meeting, speaking with, and observing the child(ren).**

IT IS ORDERED that the parties shall sign all releases requested by Evaluator. IT IS FURTHER ORDERED that upon completion of the evaluation, the appointed Evaluator shall prepare a written report, with the original filed with the District Clerk with an attached copy that will be forwarded to the Domestic Relations Office and copies sent to the attorneys or pro se parties. IT IS FURTHER ORDERED that this report shall be filed and forwarded to attorneys and pro se parties within ninety (90 days) from the date of this Order.

Failure to comply with the terms of this Order may result in sanctions against the offending party, as provided by law.

SIGNED on \_\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING

APPROVED AS TO FORM ONLY:

\_\_\_\_\_  
Attorney for Movant  
State Bar No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Attorney Ad Litem  
State Bar No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Respondent  
State Bar No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_  
Other Attorney  
State Bar No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

APPROVED AS TO BOTH FORM AND SUBSTANCE:

\_\_\_\_\_  
Petitioner/Respondent

\_\_\_\_\_  
Respondent/Movant