**Therapist’s Legal Involvement Policy and Fee Agreement**

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_**, understand that my therapist, Jenny Schwartz**, LCSW,** is not a forensic clinician and is not willing to be involved in any legal matters in which I may be, or may become, involved. This includes but is not limited to providing evaluations, expert opinions, letters of recommendation, testimony, depositions, or any other form of legal consultation or involvement.

Therapy sessions are provided solely for the purposes of mental health treatment and not for legal use. Any documentation provided (such as treatment summaries or verification of attendance) is at the sole discretion of the therapist and may not meet the standards required for legal proceedings.

In the event that my therapist is subpoenaed or required to be involved in any legal matter despite these boundaries, I understand and agree to be financially responsible for all associated services at the rate of **$350 per hour**, billed in full-hour increments and **not pro-rated**, including but not limited to preparation time, travel, communication with attorneys, court appearances, or time spent responding to legal requests.

**Client Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_