



1105 17th Ave. South

Nashville, TN 37212

615.400.2601

Divorce Consultation Agreement

Julia A. McAninch, Psy.D. and we, the Consultees, _____ and _____ have discussed the nature, benefits, and limitations of the consultation being provided. We further understand that our meeting with Dr. McAninch on _____, is for divorce consultation purposes only and does not constitute a therapeutic, Collaborative Divorce Coach or Mediator relationship. As this is not an ongoing relationship, we accept that there are limits to our privacy and that no chart will be kept. The consultation is to provide us with resources related to divorce. We understand and accept that it is our responsibility to follow through with any suggestions made by Dr. McAninch and to make contact with other professionals to pursue treatment or divorce support and that we may no longer be in contact with Dr. McAninch following this consultation. If we establish a professional relationship beyond this consultation with Dr. McAninch, we understand that a conversation and paperwork will be provided to outline the nature of that relationship. We further understand and accept that under no circumstances will Dr. McAninch testify on behalf of or against any party who has signed this Agreement. We hereby waive any right to have Dr. McAninch testify in any Court of Law. We agree that we shall not subpoena Dr. McAninch to Court.

Signature of Consultee

Print Name

Date

Signature of Consultee

Print Name

Date

Julia A. McAninch, Psy.D.

Date