



# PEREZ MOON PEREZ

PSYCHOTHERAPY & FAMILY COURT SERVICES

## Child Custody Evaluation and Investigation

In abiding with our commitment to you and your court authority, we are committed to providing a complete forensic report as part of your child custody evaluation. Please sign this consent to review your background.

(LP Solutions is our services provide for these services)

Applicants Signature \_\_\_\_\_

Date: \_\_\_\_\_

At PerezMoonPerez Psychotherapy and Family Court Services a routine background check can occur when your evaluator is appointed as your child custody evaluator. This is a part of the comprehensive assessment that is ordered by the Court. This check is to assess for but not limited to the driving record, the criminal background, and the civil background for each litigant and/or all parties involved. Our offices utilize the services of LP Solutions to obtain this content.

### Disclosure for Consumer Reports

The Company or Evaluator or their agent may obtain information about you for child custody evaluation purposes (including contract or volunteer services) and/or for the purposes of your court ordered evaluation. Thus, you may be the subject of a consumer report, which may include, but is not limited to, public record information, employment, education, and license verification, etc. In addition, investigative consumer reports, as defined by the Fair Credit Reporting Act, may be obtained which are gathered from authorized collateral contacts, personal interviews via written, telephonic, or personal interview and other current or past associates, and may include information about your character, general reputation, personal characteristics, and/or mode of living.

### Consumer Report Authorization

I hereby authorize procurement of a consumer report(s) or an investigative consumer report(s). I authorize without reservation any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. All corporations, companies, credit agencies including but not limited to the Trans Union Corporation, financial institutions, are authorized to release all written and verbal information about me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living. These reports may be obtained at any time after receipt of my authorization and, if acquired, throughout the duration of the child custody evaluation, contract period, or volunteer service.

I understand I have a right to make a request to the consumer reporting agency: LP Solutions., (951) 544-5180, [www.lpsolutionspi.com](http://www.lpsolutionspi.com), upon proper identification, to obtain copies of reports furnished to Company by PSS. You are entitled to ask your prospective Child Custody Evaluator for a copy of your Consumer Rights under the Fair Credit Reporting Act.

Check here if you would like a copy of the Consumer Report. LAST



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FIRST NAME: \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ALL OTHER NAMES ALSO KNOWN AS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE-OF-BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE: \_\_\_\_\_

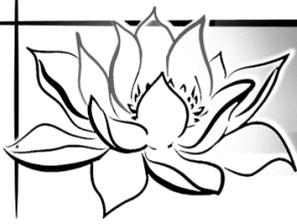
CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESSES: (City, State & Zip Code for previous seven years)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_



# PEREZ MOON PEREZ

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**Please List your Last Two Employers, Starting with Your Current or Last Employer:**

**CURRENT/LAST  
EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

WORKED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month/Year) (Month/Year)

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

WORKED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Month/Year) (Month/Year)

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

**EDUCATION**

NAME OF INSTITUTION: \_\_\_\_\_  
(Please list entire school name. No Abbreviations.)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

DATE CONFERRED: \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S Printed Name**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**



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**ANY COMMENTS OR ISSUES OF DISCLOSURE:**

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**PLEASE ATTACH ANY RELEVANT CONTENT YOU WISH TO DISCLOSE:**

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Note: I acknowledge that this disclosure/investigation will be charged to the retainer secured at the onset of this child custody evaluation. Initial \_\_\_\_\_

I acknowledge that the same time, opposing will also consent to this background check. Initial \_\_\_\_\_

I acknowledge that the purpose of this background check is to identify any issues that can impact the child custody evaluation being completed for this court order. Initial \_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**