

# **FINANCIAL UNDERTAKING FOR PSYCHOLOGICAL ASSESSMENT**

**(Please note – we accept VISA, MasterCard and Debit)**

Name of Counsel: \_\_\_\_\_

TO: Kawartha Family Court Assessment Service  
349A George St. N., Suite 205  
Peterborough, ON  
K9H 3P9

RE: \_\_\_\_\_

\_\_\_\_\_ has agreed to participate in a psychological assessment as part  
(Name of Party)

of a Section 30 Children's Law Reform Act assessment by Kawartha Family Court Assessment Service.

I agree to pay the \$2500.00 fee for this psychological assessment.\* A payment in the amount of \$1250.00 will be provided at each of two appointments to be scheduled.

- ❖ Based on one individual. Depending on the complexity of the psychological assessment, should additional hours be required, the additional costs will be discussed with the individual prior to proceeding with the assessment.
- ❖ Please Note: Unexcused missed/cancelled appointments will result in additional costs.

(Signature of Party) \_\_\_\_\_

(Date) \_\_\_\_\_