

FAMILY SERVICES OF THE CONCILIATION COURT

Honorable Karl C. Eppich
Presiding Judge, Family Court

Superior Court of Arizona, Pinal County
www.pinalcountyyaz.gov/fsc

Tracy McElroy
Director

WAIVER OF RIGHT TO RECEIVE REPORT AND RECORDING OF CHILD INTERVIEW

Case No.: DO _____

Case Caption: _____

I, _____, am the parent of _____, whose date of birth is _____.

I understand that the Judge in this matter or the FSCC evaluator has requested that a child interview be conducted of _____.

I also understand that the child interview will be recorded, and that I am entitled to receive a copy of the recording pursuant to Rule 12, Arizona Rules of Family Law Procedure. I further understand that the Judge in this matter will receive a copy of the recording.

I understand that a written report will be provided to the Judge summarizing the child interview recording and that I am entitled to receive a copy of the report pursuant to ARS 25-405, and subject to 25-407 (E).

I consent to the child interview and waive the right to receive a copy of the child interview recording and written report summarizing the child interview. My attorney also waives his/her right to receive a copy of same as indicated by his/her signature below.

Parent Signature

Date

Signature of Attorney for Parent

Date