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Forensic Psychology Professional Consultation
Letter of Understanding

[redacted] 2026

[redacted]

Dr. [redacted],

Thank you for reaching me to request that we establish a consultative relationship. This letter briefly documents the terms and conditions relevant to how we might proceed. Please review this letter in its entirety, reach me with any questions or concerns, sign, date, and return a full copy to my attention. Your signature indicates your agreement to these terms.

I am a New Hampshire (USA) licensed psychologist with a special interest in serving the needs of children caught up in family transition and conflict. Please find my *curriculum vitae* and related credentials at www.FamilyLawConsulting.org.

As a consultant to your work, my responsibility will be to offer spoken and/or written feedback and relevant resources intended to broaden your exposure to and understanding of various areas of our work in family law including, but not limited to the scientific literature, case law, ethics, measures, and methods. I will provide this service in the context of prescheduled online video conferencing via digital platforms (e.g., Zoom™) subject to the vagaries and limitations of these technologies and as needed via email or phone. I cannot, however, be available to respond to emergencies.

As a participant in this consultative process, your responsibility will be to attend our scheduled meetings, to reach me as needed via email as matters arise, to bring your own impressive knowledge and background to bear on our discussions, and to make well-informed decisions whether, when, how, and why to use or discard the information that I provide.

You may choose to present information relevant to your on-going work. We will work together to extract data relevant to determining if and how and to whom you provide services. We will work to identify and minimize biases, to consider further means of inquiry, assessment, and/or intervention and to generate hypotheses that may be useful if and when you choose to apply them to the actual person[s] and dynamics at issue. In addition, this work will emphasize the importance of collaborating with other mental health and legal professionals in support of the child[ren]'s best interests.

You are free to document this consultation as you see fit with the understanding that (1) our work together cannot generate specific recommendations relevant to the actual person[s] with whom you are working and that (2) I can be identified in your work product by name with the stated caveat that your process, impressions, and recommendations are your own.

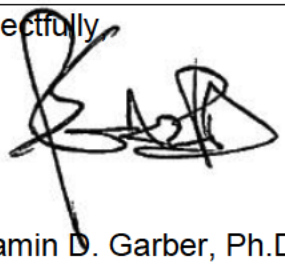
I cannot accept responsibility or liability in any form to any degree for the professional choices that you make. Should you choose to use any recommendation generated as a result of our consultation, you do so exclusively at your own discretion based upon your much broader understanding of the person[s] involved, your knowledge of the relevant jurisdiction and context, and based exclusively upon your own reasoning, expertise, and experience.

This service will be charged at [redacted] US dollars ($[redacted].00) per 60-minute period due in full at the time of service. I will provide you with a billing statement ("invoice") at your request. Payment will be most easily provided via PayPal™ or Zelle™. Payment can be made via paper checks and physical delivery with advance arrangements.

Scheduling our meetings may be challenging. Please keep time zone differences in mind when scheduling. I operate in the eastern time zone of the United States. I will ask that we plan as far in advance as possible. I am generally available Monday through Friday 8:00 a.m. until 5:00 p.m. eastern time The full fee will be charged for any appointment missed or cancelled within forty-eight (48) hours except in instances of abrupt injury, illness, extreme weather, or infrastructure failure.

We are each free to decline any proposed meeting with sufficient notice, to decline to comment on any particular matter, and to discontinue this consultative relationship at any time with sufficient notice without penalty of any sort.

With advance notice, you are free to invite other members of your professional practice or treatment team to participate in any of our consultative meetings. Costs per hour do not change. I will, however, ask that each participant individually endorse and return a copy of this agreement to my attention.

Respectfully  Benjamin D. Garber, Ph.D. //sync: 2026/consult	Please sign and date below indicating your endorsement of these terms. _____ Signature _____ Today's date