

# Kelley A. Baker PhD LPC

1006 S. Rock Street, Suite 103  
Georgetown, Texas 78626  
Office-512.591.7872  
Office Email- [kabphd.office01@gmail.com](mailto:kabphd.office01@gmail.com)  
Website- [www.kelleybakerphd.co](http://www.kelleybakerphd.co)

## Collateral List

Name of Client: \_\_\_\_\_

Note to Clients: Collaterals provide important third-party information to the evaluator, which may include information about the parent's character, parenting abilities, relationship with the child(ren), and/or confirmation of relevant facts and events.

Dr. Baker wants you to feel that she has spoken to all those you believe hold important information about your family; however, she also wants you consider whether everyone you know and who knows you needs to provide information. Consider whether the person has firsthand knowledge of important events, have they known you long enough to speak to your experiences, have they seen you with your children, or seen you and the other parent together with or without the children. You are free to list as many people as you like. If you need more space, you can make a copy of this form.

The professional collaterals such as therapists, doctors, teachers, etc. will need to be listed on the Release of Confidential Information form.

Dr. Baker will speak with all the professional collaterals. Her assistant, Angel Acosta, can speak to some of the references on this form. This option is provided to the client to save some money, as Ms. Acosta's time is billed at \$40.00/hour as opposed to Dr. Baker's fee of \$300/hour. The client will need to agree to this option prior to Ms. Acosta performing this duty. This does not guarantee that Dr. Baker will not need to contact the collateral. When information is unclear or needs to be explored in greater depth, Dr. Baker will also speak to the collateral. You will have an opportunity to go over your questions about this option with Dr. Baker in your first session. Dr. Baker also encourages you to speak to your attorney if you have questions regarding this option.

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I \_\_\_\_\_ release Dr. Baker or staff to speak with the following people regarding myself and in relation to my children.

**Signature & Date:** \_\_\_\_\_

Please provide the following for collateral contacts:

1. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
  
2. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
  
3. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
  
4. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
  
5. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

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**Signature & Date:** \_\_\_\_\_

Please provide the following for references:

6. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

7. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

8. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

9. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

10. NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_