



Associates for Counseling and Educational Services L.L.C.

John M. Shanken-Kaye, Ph.D.
Director/Psychologist

Eric Weinstein, Psy.D.
Associate Director/Psychologist

Williard J. Shanken, M.D.
Psychiatrist

Susan Kuczura, Psy.D.
Psychologist

Mary G. Brownsberger, Psy.D.
ABPP Rehab. Neuropsychologist

Kristen F. Dudley, Psy.D.

Sherry Pearlstein, Ph.D.

Christine Marston, Ph.D.
Psychologist

Kasey M. K. Black, M.S.
School Certified Psychologist

Edward Hayduk, M.S.
Psychologist

Dawn Robin Miller, M.S. Ed.
Psychotherapist/N.C.C.

Carolyn Shanken-Kaye, M.Ed.
Reading Specialist

Jennifer Bedford
Office Manager

Emily Knox
Administrative Assistant

200 S. Clinton St.
Doylestown, PA 18901

123 Coulter Ave.
Suite 103 & 104
Ardmore, PA 19003

215.345.7868

Fax: 215.345.6695

www.psychologyaces.com

acesinfo@psychologyaces.com

December 28, 2011

Re: Agreement for Forensic Psychology Services

I, _____, am desirous of the counsel, consultation, evaluation, professional advice and testimony of Mary G. Brownsberger Psy.D. and the Associates for Counseling and Educational Services, L.L.C. hereby contract with Dr. Shanken-Kaye and his Associates, dba The Associates for Counseling and Educational Services, L.L.C., herein after referred to as ACES, to provide such services as are within the professional competence of Dr. Brownsberger and ACES. These services may include, but are not limited to: clinical evaluation and neuropsychological testing, consultation with other experts in the field of psychology and forensics, consultation with our and your attorneys, collateral interviews with other individuals, the generation of psychological reports, and testimony in criminal and/or civil courts.

We understand that agreement to the terms outlined in this agreement in no way implies that a desired result will be obtained by any processes employed by Dr. Shanken-Kaye and Associates. We understand that any report resulting from the process of evaluation may be against that desired by myself. We agree that Dr. Brownsberger has a legal and ethical requirement to report on her findings using available information, best professional practice, and clinical judgment. The terms of this agreement stipulating payment are for services rendered and not for the nature of the final report.

The fee for services is:

Services provided directly by Mary G. Brownsberger Psy.D., or other ACES staff are charged at \$250.00 per hour or portion thereof. Time is billed in 15 minute increments and rounded up to the next 15 minutes increment. Phone consultation is billed at this rate.

Services provided by ACES staff in research and preparation, home visits or ancillary interviews are charged at \$250.00 per hour or portion thereof. Time is billed in 10 minute increments and rounded up to the next 10 minutes increment.

Personality testing, if needed, is billed at \$500.00 per person tested, not including time spent in interpretation. Other psychological testing, including neuro-psychological testing is billed at \$250.00 per hour. The average charge for neuropsychological testing (beyond personality testing), if needed, is \$3000.00.

Court Testimony by Dr. Mary G. Brownsberger Psy.D. or other members of ACES is charged at \$400.00 per hour with a minimum charge of \$1500.00 per day. Wait time to testify or postponement on a court day is charged at the same rate. Any copying fees for files/records will be accessed at the allowed rate under 42 Pa. C.S. §6152 and 6155. Once a court date is scheduled and we are requested to appear, payment is due immediately and in no case less than 30 days prior to the court date unless authorized by this office. If for any reason the court date is canceled 4 or more business days in advance, a full refund will be issued; 3 business days 75% will be refunded; less than 3 business days there will be no refund.

Fees are due and payable when invoiced. A retainer of \$2000.00 is required with the signing of this agreement. I understand that the total cost of services may be more than this retainer.

We, the undersigned, agree to the above terms and agree to be financially responsible for payment of services provided by the Associates for Counseling and Educational Services. We understand that we may terminate this agreement by notifying Dr. Brownsberger, in writing, at her office in Doylestown, PA. We understand that we will remain liable for any charges incurred up to the point of cancellation.

Mary G. Brownsberger, Psy.D.

DATE