

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS

PROGRAM SERVICE PROVIDER
CONFLICT OF INTEREST
CLIENT WAIVER FORM

Pursuant to Administrative Order No. 04-01, Section I.4. Conflict of Interest

The undersigned, _____, has been referred to the following agency: _____, by the District Court in a case captioned: _____

Case No. _____, for evaluation and report concerning the following matters: _____
_____.

I. The reason for the waiver must be one of the following:

- This is the only provider who carries my insurance.
- This provider provides a special service for me. This could include services such as hearing impaired or Spanish speaking or other languages.
- Other (must be approved by Provider Monitor)

II. The undersigned has been orally advised by the agency and has read and initialed the following:

- I have been evaluated by the agency specified above.
- The agency has recommended that I receive (treatment) (monitoring)(counseling) and/or (educational) services.
- I am entitled to seek a referral for such services from Court Services to an agency which is separate and distinct from the program agency which performed my evaluation.
- Under normal circumstances, the agency is prohibited, by reason of a conflict of interest from providing the services or program recommended by its own evaluation, unless such conflict is waived by me in writing, after full disclosure.

I hereby waive the conflict of interest and request permission to receive all such recommended program services from the evaluating agency specified above.

Date

Client Signature