



## State of Arizona Board of Psychologist Examiners

1740 West Adams St., Room 3403

Phoenix, Arizona 85007

Phone: (602) 542-8159 Fax: (602) 542-8279

[www.psychboard.az.gov](http://www.psychboard.az.gov)

[jennifer.michaelsen@psychboard.az.gov](mailto:jennifer.michaelsen@psychboard.az.gov)

### CLAIM AGAINST A PSYCHOLOGIST WHO PROVIDED COURT ORDERED SERVICES\*

#### Instructions

This form is intended for use by individuals submitting a claim of unprofessional conduct against a psychologist who performed services ordered by the court. Please complete the form, attach your supporting documentation, as well as documents requested on pages 2 and 3 of this form, and return all materials to the Arizona Board of Psychologist Examiners' office at the address listed above.

#### Process

Pursuant to A.R.S. §32-2081(C), the claim will be independently reviewed by three members of the Board ("Reviewers"), including one public member. The Board office may contact you with follow up questions or to request additional documentation. Each Reviewer will review the claim and will independently make a recommendation to the Board's Executive Director regarding whether there is merit to open a complaint. If the three Reviewers independently recommend not opening a complaint, a complaint will not be opened. If, however, one or more Reviewer(s) recommend opening a complaint, a complaint will be opened and an investigation will follow. You will be notified of the outcome of the review. The psychologist will be notified of the claim pursuant to A.R.S. §32-2081(E).

**Please type or print in ink and answer all questions. Return an original and one copy of all documents submitted.**

Psychologist Information:		
Name		
Business Name	Business Phone	
Business Address		
City	State	Zip Code

Your Information:		
Name		
Address	Contact Phone Where you wish to be contacted during business hours	
City	State	Zip Code

**\*Note:** Pursuant to A.R.S. §32-2081(B) complaints filed by individuals charged with offenses under Title 13, Chapter 14, must first be reviewed by the Court. Pursuant to A.R.S. §31-241, an inmate must exhaust internal grievance procedures established by the Arizona Department of Corrections before filing a complaint with the Arizona Board of Psychologist Examiners.

**Questions (Please print)**

1. Please provide your court case number \_\_\_\_\_

2. Please name the opposing party in your court case. \_\_\_\_\_

What is your relationship to the opposing party? \_\_\_\_\_

3. \_\_\_ Yes      \_\_\_ No      Did the psychologist perform services ordered by the court?

If yes, please provide a copy of the court order that orders the services to be provided.

If yes, please identify the services provided, such as custody evaluation, parenting coordination, therapeutic intervention, etc.

\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_ Yes      \_\_\_ No      Did the psychologist have documents that required your signature and explained fees for the service provided, the nature of the service provided, the psychologist's duty to report abuse or harm, and other information? (This may be called "Informed Consent," "Service Agreement," or something else)

If yes, please provide a copy of the documents.

5. \_\_\_ Yes      \_\_\_ No      a. Did the psychologist issue reports, evaluations, recommendations, or other documents as a result of the services provided to you?

\_\_\_ Yes      \_\_\_ No      b. If yes, did you receive a copy? If yes, please provide a copy of any reports, evaluations, recommendations, or other documents issued by the psychologist.

\_\_\_ Yes      \_\_\_ No      c. If you did not receive a copy, did you request a copy?

6. \_\_\_ Yes      \_\_\_ No      Did you communicate with the psychologist in writing, such as email, text, letters, etc?

If yes, please provide a copy of all written communication between the psychologist and you.

7. \_\_\_ Yes      \_\_\_ No      Has the psychologist completed his/her work on this case?

8. Over what period of time were services provided by the psychologist?

Start date \_\_\_\_\_ End Date \_\_\_\_\_

9. \_\_\_ Yes      \_\_\_ No      Has the Court rendered a final decision in this case?

10. Please provide the Judge's final order(s), if issued, including all of the following that apply:

- Custody
- Visitation
- Parental Fitness
- Therapy
- Other (please identify)

11.  Yes  No Have you filed a complaint(s) against this psychologist with the Court?  
If yes, please provide a copy of the complaint(s) and any decision(s) rendered. (If a decision has not been yet been rendered, please notify the Board Office of the final outcome when issued.)

12.  Yes  No Have you filed a lawsuit(s) against this psychologist?  
If yes, in what court was the lawsuit(s) filed?

\_\_\_\_\_

If yes, on what date was the lawsuit filed?  
\_\_\_\_\_

Please provide a copy of the Complaint filed in your lawsuit.

Yes  No Is the lawsuit pending?

Yes  No Did the Judge issue a final ruling in the lawsuit?

If yes, please provide a copy of the final decision.

13.  Yes  No To your knowledge, has anyone else involved in your case filed a Complaint(s) or lawsuit(s) against this psychologist?  
If yes, please identify the agency, organization, or court with which it was filed.

\_\_\_\_\_

**14. SUMMARY OF CLAIM:**

Include specific details (who, what, when, where, how, why). Include the type of service provided and date(s) of service. Attach a copy of the documents identified in the **Instructions** section of this Claim Form. Please use extra sheets of paper, if needed and sign each additional page. Please print clearly as the review of your claim will be delayed if we cannot read your writing.

\_\_\_\_\_  
\_\_\_\_\_



