

INFORMED CONSENT/WAIVER OF CONFIDENTIALITY

I agree to receive this Country conditions/country of origin information evaluation and report from Dr. Falu Rami. I understand that this evaluation and report is not a psychological evaluation. The report is solely focused on providing information on the country of origin and its conditions for my legal court case. _____

I agree to provide pertinent information and records about my case to Dr. Falu to assist in completing the report. The information requested is dependent on the legal claim. _____

I understand that, based on legal requirements, the following information if revealed during the interview would be disclosed to the proper channels:

- 1) Abuse (physical/sexual) of a minor.
- 2) Abuse of an elderly person
- 3) Abuse of a dependent person
- 4) Situation where a minor is in danger.

I _____ authorize Dr. Falu Rami to do this Country Conditions/Country of Origin Information Evaluation and Report and provide consent to discuss my legal case with my lawyer.

I also authorize Dr. Rami to prepare a report regarding the Evaluation. I give consent that Dr. Rami can send this evaluation report directly to my lawyer _____. I understand that the details of this country conditions/country of origin information evaluation and report are not confidential because they will be used in a legal case.

The cost of the country conditions/country of origins information evaluation and report is \$900. Payment for the country conditions/country of origins information report must be made prior to Dr. Rami starting the report. _____

I understand participating in the country conditions/country of origin information evaluation and report does not guarantee a particular outcome for my legal claim. _____

The cost for the oral/telephonic testimony is \$250 an hour in addition to any time that Dr. Rami must be available for the testimony. If Dr. Rami must be available a full day the cost is \$1600.00. Payment for the oral or telephonic testimony must be made prior to the court date. _____

I understand everything I have read in the informed consent for the country conditions evaluation and report.

DATE: _____

NAME OF CLIENT

SIGNATURE OF CLIENT