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Mediation / Collaborative Divorce Exchange of Information Consent Form

_____ and _____
request and authorize the following professionals to exchange information with one another to better facilitate the Mediation and/ or Collaborative Divorce process. Thus, I/ we agree to waive my/ our confidentiality privileges among the professionals involved in my/ our case:

If not previously revoked in writing, this consent will terminate upon signing the Separation/ Divorce Agreement.

Mediator/ _____ Phone: _____ Fax: _____
Coach

Mediator/ _____ Phone: _____ Fax: _____
Coach

Attorney: _____ Phone: _____ Fax: _____

Attorney: _____ Phone: _____ Fax: _____

Financial Specialist: _____ Phone: _____ Fax: _____

Other: _____ Phone: _____ Fax: _____

Client Name: _____
please print

Signed: _____ Date: _____

Client Name: _____
please print

Signed: _____ Date: _____