



**Bobbie G. Hopes, Ph.D.**  
**Clinical/Forensic Psychologist**

6 S. Second St., Suite #815 KeyBank Building, Hamilton, OH 4501      Tel: (513) 844-8440      Fax: (513) 844-2420

---

**INFORMED PARTICIPATION STATEMENT**

1. This evaluation was ordered by the Court. A written report will be sent to the Court.
2. Your participation in this evaluation is voluntary. If you choose not to participate, the Court will be informed of your choice.
3. Information provided by you during this evaluation will not be confidential and will be made available to the Court.
4. The report may also be available to your defense attorney and to the prosecuting attorney.
5. The Court may use this report to help in making decisions regarding your case.
6. The Court may provide a copy of this report to others to assist with treatment, placement, and such other purposes related to your case as the Court determines.
7. You are not permitted to record any portion of this evaluation process.

I have been informed of my rights in this evaluation, before beginning this evaluation.

\_\_\_\_\_  
Juvenile Name [Print]

\_\_\_\_\_  
Juvenile Signature

\_\_\_\_\_  
Parent/Guardian Name [Print]

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date