

To the Collaborative Practice Professionals

Family Professional _____ Financial Professional _____

My Collaborative Lawyer _____

Other Collaborative Lawyer _____

FROM: *Client Name* _____

AUTHORIZATION AND DIRECTION

You are hereby authorized and directed to share the input information and results from my Separation and Divorce Readiness Indicator ("SDRI") report and complexity score amongst the neutral professionals on the collaborative professional team including their support staff if necessary, for the purpose of making recommendations on the collaborative process for my separation proceedings.

I understand that the SDRI is private and confidential, and will be handled as such by those who are permitted access per this Authorization and Direction.

My consent to share the SDRI applies only to the professionals noted above. This is not a consent to share the SDRI, including all inputs, scores, commentary, complexity score, and any other documents or information related to the SDRI, with my spouse. My report and the complexity score will be shared with my spouse's lawyer for the sole purpose of determining whether the collaborative process is appropriate for my separation proceedings.

I hereby agree that the SDRI report results are not shared for the purpose of litigation or any purpose other than the consideration of the appropriateness of the streamlined collaborative process, and I will not enter any of the SDRI reports for me or my spouse into evidence in any way in court proceedings including but not limited to through oral representations, testimony by any witness, through exhibits or through a sworn affidavit. I understand that my spouse and I must both agree to sign this Authorization and Direction, including the prohibition against using my and my spouse's SDRI reports as well as complexity scores in future court proceedings, to allow the Collaborative Professionals to consider the suitability of the Streamlined Collaborative process for our separation proceedings before any information related to the SDRI may be disclosed to anyone.

This shall be your good and sufficient authority for sharing SDRI assessment results as stated herein.

Dated at Barrie this _____ day of _____, 201____

Witness

Client name