



DEPARTMENT OF SOCIAL SERVICES
P.O. Box 2429 • Fayetteville, North Carolina 28302-2429
(910) 323-1540 • Fax: (910) 677-2801

January 10, 2012

_____, LCSW
VIA FACSIMILE _____
Re: Patient name: _____

Dear Mr. or Ms. (therapist),

Please provide a letter regarding your opinion on the use of closed circuit television for the testimony of the minor child listed above. The trial is scheduled for _____. I am enclosing an Authorization to Release Information for your file. Please address in your letter the following information/opinions:

1. Current diagnosis and course of treatment for each child
2. Your opinion of the impact on each child's emotional wellbeing of the child testifying in the presence of the mother and father (Mr. Presha).
3. Your opinion of the impact on each child's therapeutic process if the child testifies in court in the presence of the mother and father (Mr. Presha).
4. Your opinion regarding the presence of anyone other than the mother or father (Mr. Presha) that might impact the child's emotional wellbeing or ability to express herself in court.
5. Your opinion regarding any person who may be considered by the court as a support person during the child's testimony.
6. Any particular triggers or issues related to each child's ability to express herself in court which you consider important for the court and the parties to know.

Please feel free to call me if you'd like to discuss the specifics regarding the CCTV placement in Cumberland County. Thank you for your assistance in this matter.

Sincerely,

Elizabeth Kennedy-Gurnee
Staff Attorney