



## Forensic Check List

***Please provide the following items to Dr. Newton:***

- Court documents and orders - please make copies of all pertinent documents
- Reports of prior testing or evaluations for each family member
- Registration Form \*  
- OR -
- Complete online Client Registration process \*
- Family Questionnaire \*
- Adult Questionnaire \*
- Custody Evaluation Data Sheet \*
- Letters, correspondence, pictures *(if appropriate)*
- A photocopy of your social security card and driver's license
- Completed and signed Consent Form \*
- Check made payable to PlusFour Solutions in the amount of \$2,500.00 *(half of initial retainer)*

**\* Client Registration process and all forms are available online at [www.plusfoursolutions.com](http://www.plusfoursolutions.com), or they may be obtained directly from Dr. Newton.**

*Please send personal information and responses to questionnaires to Dr. Newton using secure technology and not as a routine email attachment. A link to an easy-to-use encryption service is available on the PlusFour Solutions website, for just this purpose. You do not have to register; you simply attach the document(s) to an email message and hit "send."*





# Custody Evaluation Data Sheet

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Client Name \_\_\_\_\_ SSN \_\_\_\_\_

Highest Level of Education \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Work Address: \_\_\_\_\_

Telephone Number for Supervisor: \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Separation Date \_\_\_\_\_

Date Divorce Filed \_\_\_\_\_ Date Divorce Final (if applicable) \_\_\_\_\_

Date when parents began living in separate residences: \_\_\_\_\_

Which party filed for divorce? \_\_\_\_\_

(Ex) Spouse's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## FAMILY MEMBERS

Full Name	DOB	Age	Relationship*	School Grade	Living Arrangements

**\*1 – Spouse 2 – Bio. Child 3 – Step Child 4 – Adopted Child 5 – Ex-Spouse**

***Legal Counsel Information***

Attorney Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Fax Number \_\_\_\_\_ Phone # \_\_\_\_\_

Date this attorney retained \_\_\_\_\_ Have you ever retained any other attorneys? Y N

If yes, please list other attorneys, with reasons for retention and dates retained, below:

Plaintiff Name \_\_\_\_\_

Respondent Name \_\_\_\_\_

Names of ex-spouse(s) and dates of all prior marriages:



425 First Street, Suite E  
Los Altos, CA 94022  
Voice: (650) 949-2440  
Fax: (650) 949-2439  
Email: [snewton@plusfoursolutions.com](mailto:snewton@plusfoursolutions.com)

# Adult Questionnaire

**On the next several pages, you are requested to provide an extensive amount of current and historical information about yourself. The more data you provide, the more focused and useful the assessment process will be.**

**I believe it will take a considerable amount of time and effort to complete this task, and I appreciate your willingness to complete this form quickly. The information requested in this Questionnaire is broad and may include items that might not appear to apply to your child. However, as an expert in pediatric assessment, I must collect all types of information for all clients. Please do not omit any sections, rather, include all information known to the best of your ability. Thank you for being thorough.**

**Following are a series of questions that ask you to provide responses in pen on ruled paper or by use of a word processor. Items and questions are numbered consecutively; please number your responses likewise, corresponding to the item or question. In addition, begin each response with the same Key Word as is printed in bold print at the beginning of each question. While I recognize that I am requesting a lot of thought and writing, I hope to ultimately save time and more efficiently provide you with the highest quality service.**

Client \_\_\_\_\_

Date \_\_\_\_\_

**Person financially responsible  
for account** \_\_\_\_\_

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*Use separate pages for responses, do not write here*

## Reason for Evaluation

1. Briefly describe the problems or concerns that prompted the decision for this evaluation.
2. For how long has there been a history of these concerns?

## Family History and Dynamics

3. **Living Arrangements:** Please describe your current living arrangements.

4. **Family of Origin**

- a) List the members of your family of origin, including siblings. Give the name, current age, area of residence and career or area of employment for each. Note year of death if applicable.
- b) List your ethnic background, place of birth, and cities/states/countries of residence while growing up.
- c) Discuss your relationship with your parents and siblings and include time spent together, nature of the bond with each parent, etc.
- d) How well do you get along with your parents and siblings? Are you alienated from any family members? Who acted as your primary care giver? What is the nature of the bond between you and each parent? What were your mother and father's good and bad qualities as parents?
- e) Have there been nannies or au pairs involved in your life?

5. **Personal History**

- a) Provide a chronological listing, with month and year when possible, of major family events during your childhood and adult years. This list should include moves, births, deaths, major illnesses, major financial shifts, persons coming to live in the home and any other event that has been traumatic or significant.
- b) Discuss past marriages and long-term relationships. Do you maintain relationships with ex-spouses or ex-significant others? If so, please describe. Please be specific with dates of past marriages and divorces (if applicable).
- c) What do you consider to be the five most important events of your life?

**\*\*NOTE: Skip section 6 if you are also completing a Forensic Questionnaire\*\***

6. **Marriage and Family**

- a) Discuss your relationship with your spouse and the health of your marriage.
- b) Discuss your relationships with your children, if applicable. Who is the primary parent in the household?
- c) To what extent do you participate in family activities with your spouse and children (i.e., meals, activities, holidays, birthdays)?

## Social History

7. **Relationships**

- a) How well do you relate to other people? Are you satisfied with your social life?
- b) Are you able to establish and maintain relationships with other individuals without difficulty?
- c) How well do you meet new people?
- d) How well do you handle novel social situations?
- e) Would you describe yourself as more introverted or extraverted? Explain.

8. **Hobbies and Interests**

- a) How do you prefer to spend leisure time? Describe any hobbies and other interests.
- b) Describe any sports involvement.
- c) Comment on time spent with television, books, video games and the Internet.
- d) To what extent are matters of faith and church a part of your life? Discuss the role religion plays in your life. Do you believe in a higher power? Are you a spiritual person? How do these same questions apply to your childhood and adolescence?

## Educational History

9. List where you went to grade school, junior high and high school and any education beyond high school.
10. Describe your academic history and discuss any learning disabilities.
11. Did you like school and were you a good student?
12. Have you ever been evaluated for any learning problems or for any advanced learning programs?
13. Do you have a family history of learning disabilities (parents, siblings, cousins, etc.)?

## Employment History

14. Describe your current job or position. Do you like what you do?
15. Do you travel extensively for your current position?
16. List the jobs you have held with approximate lengths of employment. If the job title is ambiguous, please describe the job.
17. Have you had special training? Do you plan to move on to another position or type of job?
18. If you have been unemployed, on disability, or have chosen not to work for a period of time, please describe that here.

## Medical History

### 19. General Health History

- a) Describe your health. Address hearing, vision, motor coordination, speech, stamina and strength. Are there dental or orthodontic problems? When was your last physical examination?
- b) Discuss your physical health history; include major illnesses, hospitalizations, surgeries, handicaps, and your family history, *i.e. mother had cancer and died early at age 63.*
- c) Describe any chronic health problems such as asthma, diabetes or a heart condition.
- d) Describe all medical hospitalizations, major illnesses and history of seizures or convulsions. Please list any head trauma and indicate associated concussion and/or loss of consciousness and address any poisonings or episodes of coma.
- e) Discuss your social or recreational use of alcohol, cigarettes, marijuana or any other substances.
- f) List your current medications and for what condition each is prescribed. Do any of your medications cause dizziness, headache, disorientation or problems with concentration?

### 20. Sleep

- a) How well do you settle down to sleep? Are you a restless sleeper? Do you sleep through the night? Do you take anything to help you sleep?
- b) Have there been any recent changes in your sleep patterns?
- c) Do you experience nightmares, night terrors, sleep walking, or sleep talking?
- d) Are there any routines or rituals associated with bedtime and/or sleep?
- e) Have you ever experienced an inverted sleep routine (up late at night, sleep all day)?

## Mental Health Background

- 21. Mental Health History** Describe your mental health history and include any diagnoses or symptoms of depression, anxiety, eating disorder, obsessive-compulsive disorder, etc.
- 22. Inpatient Treatment** Please provide dates, duration, treating physicians and location of any inpatient psychiatric hospitalizations.
- 23. Outpatient Treatment** List in chronological order, with dates and duration, all counseling and therapy in which you have been involved. Please provide names of therapists and contact information.
- 24. Medicine** List all medications you are taking for psychiatric reasons. Please include a history of past psychiatric medications including your response to the medication and the reason for stopping; include ages and dates.
- 25. Evaluations** If you have been evaluated previously and there are prior psychological or psychiatric assessments that included testing or reports, please list the dates and type of testing and provide copies of the test reports.
- 26. Self-Harm**
- Have you ever attempted suicide? Threatened suicide?
  - Have you ever cut or burned yourself deliberately *without* the intent of dying?
  - Have you ever known anyone who attempted or committed suicide? Is there a family history of self-harm or suicide?
- 27. Abuse** Describe any episodes of physical, emotional or sexual abuse or trauma that you have experienced.
- 28. Substance Abuse**  
If you have current substance abuse issues, or if you have a history of substance abuse (alcohol, marijuana, cocaine, etc.), please describe the extent of your use and treatment received, if any. When possible, give appropriate dates of initial use. To what extent is your substance use out in the open versus hidden and secretive?
- 29. Family Mental Health History** Include your family history of mental illness or substance abuse (*i.e. father has a history of anxiety; brother is alcoholic and attends AA*).

## Legal History

- 30.** Discuss your legal history as a juvenile and an adult, if applicable. Include citations, court appearances, jail time, probation and court-required treatment. If applicable, provide dates of incarceration (length of stay) and reason.
- 31.** Is there a history of legal problems for anyone else in your family? Is there a family history of violence?
- 32.** Does anyone in the family own a gun? Do you have access to a gun or other weapons?
- 33.** Have you ever been involved in activities that were illegal but did not get caught? Please explain.



## Informed Consent Agreement Custody Evaluation

I understand that in order for Dr. Newton to serve optimally in the capacity of evaluator, and effectively serve the best interests of my children in this evaluation process, there must be a clear understanding and agreement about his role, procedures and fees. I understand that if Dr. Newton is to serve in this capacity, the following conditions must be agreed upon by me, as parent, in consultation with my attorneys, if represented.

### **Scope**

I understand that Dr. Newton has been appointed by the court to conduct an impartial forensic psychological evaluation. I recognize that the purpose of conducting this evaluation is to gather information that will enable Dr. Newton to formulate an opinion concerning what custody and/or timeshare arrangement is most likely to be in the best psychological interests of my children.

I acknowledge that the scope of the specific evaluation will be described in the stipulation/orders and report. I am aware that all members of the immediate family will be available to be interviewed by Dr. Newton, to include both parents and children. I understand that any family member must be made available for as many interviews as Dr. Newton considers necessary, either alone or in groups. In addition, I agree that Dr. Newton may interview any and all other parties whom he considers to be possible collateral sources of information.

I recognize and accept that Dr. Newton does not presume that those whom he is evaluating are lying; however, he does not presume that they are telling the truth either. I understand that forensic psychologists are expected to secure verification of assertions made by those whom they are evaluating. I agree to cooperate as Dr. Newton seeks to verify assertions made by me.

I acknowledge that the evaluation process may include a visit to my home, and that visits are typically arranged and planned ahead, but are occasionally made unannounced by Dr. Newton. I understand that in some instances, Dr. Newton may make a visit to my child's (children's) school or day care.

I understand that information in a custody case is best collected from many sources. I understand that Dr. Newton routinely administers psychological tests as part of the evaluation process. Accordingly, I agree to complete any and all tests that Dr. Newton considers useful to the process. I agree to have my child(ren) complete such tests if Dr. Newton considers them warranted. I understand that Dr. Newton will explain which tests will be administered, and how they will be used, at the time of administration.

I acknowledge that my attorney(s) has been invited to submit any material that they consider to be useful to Dr. Newton in the evaluation process. I understand that material provided to Dr. Newton must also be copied to opposing counsel. I acknowledge that every document and correspondence I have with Dr. Newton must be provided to the other party or his/her attorney. I understand that Dr. Newton may request materials from my attorney or the court. I accept that it is my responsibility to provide copies of all documents that are submitted to Dr. Newton, to all other parties involved.

I recognize that the court mandates that a custody evaluation be completed within sixty (60) days, although reasonable extensions are often granted by the court. I acknowledge that evaluations require sufficient time to obtain accurate information in order to fully determine the best interests of the child; and as such, sixty days may be insufficient.

I understand that the evaluation services provided by Dr. Newton in this evaluation process do not include psychotherapy, crisis intervention or weekend meetings. I recognize that Dr. Newton is not

available on an emergency basis. I understand that the custody evaluation process is not to be confused with treatment, guidance, mediation, therapy or health services.

### **Allegations of Abuse / Neglect**

I understand that Dr. Newton is required by law to report allegations of abuse or neglect. I acknowledge that the penalties imposed on mandated reporters who fail to report such allegations are severe. I recognize that if allegations are made by either parent or the child(ren), they will be reported by Dr. Newton. I acknowledge that his action in reporting allegations must not be interpreted as a display of support for the individual who has made the allegations, or as an indication that Dr. Newton disapproves of the alleged actions of the person who has been accused. I understand that Dr. Newton must report such allegations, and that by reporting, it does not suggest that he finds allegations credible.

I understand that the financially responsible party (parties) will be billed for any time expended if it should become necessary for Dr. Newton to report allegations of abuse/neglect to Child Protective Services, and that it will include time spent filing the report, being interviewed by CPS, and any other processes involved.

### **Limits of Confidentiality**

I understand that the principles of confidentiality and privilege do not apply within the context of this evaluation, and that all information shared throughout the testing process may be made public in reports or by testimony. I recognize that such information may include my statements, tape recordings, diaries, correspondence, emails, photographs, observations outside the interview context, and documents I complete or supply. I understand that Dr. Newton will prepare a final report that summarizes findings and recommendations, and that this report will be sent simultaneously to the attorneys and the court, or as the court order directs.

I understand that Dr. Newton may be called upon to testify in this case or other related Family Law matter regarding this evaluation. I am aware that if he is called to testify, anything I have discussed with Dr. Newton, and anything contained in the file, may be disclosed at the direction of the court or in response to a subpoena.

I understand that by law, Dr. Newton may reveal to one party what has been told to him by the other at his discretion, so that he has full opportunity to explore all pertinent points with both parties. I understand that Dr. Newton will respect private interests; however, he may make disclosures as he determines necessary to conduct a comprehensive evaluation.

I understand that by presenting information to others, verification of information provided may be sought by Dr. Newton, and others may be afforded opportunities to respond to allegations that may have been made. I accept that statements made by my child(ren) may be cited in an evaluation report, and that information provided to Dr. Newton by my child(ren) is not confidential. I agree that I will not tell my child(ren) that what they say to Dr. Newton is confidential. I acknowledge that it is important that I do not mislead my children. I understand that information concerning payments to Dr. Newton is also not confidential.

I understand that clerical staff may help organize materials and assist Dr. Newton with clerical tasks. I understand that office and clerical staff who become involved in aspects of my evaluation receive instruction in matters relating to confidentiality, and have signed confidentiality statements on file.

I acknowledge that the need may arise for Dr. Newton to discuss the evaluation with other professionals and/or provide a copy of the report to colleagues for their review and comments. I understand that all names and identifying information is changed and I agree that if Dr. Newton deems it necessary to consult with other mental health professionals, attorneys or other professionals, time expended for such consultations will be billed to my account.

## **Release of Information and Records**

I agree to sign any and all releases necessary to obtain reports or information from others who may supply relevant data (including, but not limited to: psychiatrists, psychologists, therapists, teachers, school officials, pediatricians, employers, etc.). I understand that this may include information from people I have been involved with in the past, as well as at present.

I understand that Dr. Newton will maintain all notes, documents and test data in a safe and proper manner in accordance with applicable laws for the state of California. I understand that release of any material will require a court order or subpoena and copying fee. I understand that final documents are generally released to attorneys, parents appearing in pro per, and the court, although court orders may specify otherwise.

I acknowledge that psychologists are admonished by a code of ethics to release test data only to individuals qualified to interpret them. I understand that unless otherwise instructed by the court, test data will be released only to a mental health professional with appropriate credentials and training who is competent to interpret forensic test data.

## **Fees**

I acknowledge that Dr. Newton's fees are **not** paid by the court, and that the manner in which Dr. Newton's fees will be paid has been determined by the court. I understand that the work that Dr. Newton is doing will be done for the court.

I understand that Dr. Newton's fee for conducting a custody evaluation is \$285.00 per hour, and applies to time spent interviewing, administering tests, reviewing documents, telephone conversations, conferences, correspondence, preparing report(s), court preparation, and any other time associated with the evaluation.

I understand that Dr. Newton's fee for time spent in deposition or in court is \$350.00 per hour and that most typically appearances for court or deposition will be billed in half day (four hour) blocks. I recognize that Dr. Newton reserves the right to increase his fees with appropriate notice to me. I understand that fees for an assessment of this type are usually not reimbursable by health insurance. I accept that fees are charged retroactively from the time that Dr. Newton's services are initially requested and a file is opened. I understand that no claims for health insurance reimbursement will be completed by Dr. Newton or PlusFour Solutions.

I understand that to begin the evaluation process, an initial retainer of \$5,000.00 is required and should accompany this signed agreement prior to the commencement of the evaluation. I accept that this retainer shall be allocated equally between parties, unless ordered differently by the court. I understand that should the evaluation process cost less than the retainer, a refund will be made to me by Dr. Newton. I understand that should the initial retainer be exhausted prior to the completion of the evaluation, an additional retainer will be required so that the evaluation may be completed. I understand that I will be notified in such case and Dr. Newton will provide me with a statement of expenses, along with an estimate of proposed fees to complete the process. I understand that PlusFour Solutions accepts payments by credit card, through PayPal and that the PlusFour Solutions PayPal link can be accessed through the website.

I understand that Dr. Newton may be called upon to testify in this case, or any other related Family Law matter, regarding the custody and visitation issues of the minor(s). I understand that a subpoena may be required for Dr. Newton's appearance, and I agree to pay fees for deposition and court appearances in advance.

I understand that I will be responsible for the cost of any appointment that I cancel or miss. I understand that I must provide 48 hours notice when canceling to avoid being charged for Dr.

Newton's time. I understand that leaving Dr. Newton a voice mail or email message is acceptable notification to cancel an appointment.

I acknowledge that there may be times when the actions of one party will make it necessary for Dr. Newton to make telephone calls and/or correspond with others. I accept that with regard to fee calculation, no distinction will be made between time expended in administrative matters, and time expended in evaluation activities. I understand that fees for time expended in administrative activities are apportioned in the same manner as other fees.

I understand that the performance of evaluation-related services by Dr. Newton does not cease with the issuance of a written report and/or recommendations. I acknowledge that fees for all post-evaluation services such as correspondence, phone time, attendance at conferences or hearings, review of court orders, and so forth, are the responsibility of the party requesting the services, unless other arrangements have been made. I recognize that in the case of post-evaluation services performed for the court, it is assumed that fees will be paid for by the financially responsible party (parties) identified in the court order.



I have read the material above, discussed it with my attorney (if represented), understand it, and agree to participate as outlined. I recognize that Dr. Newton is a licensed clinical and forensic psychologist, who is voluntarily following APA & AFCC ethical guidelines. I understand that his primary concern is to place the best interests of the children above all else. Therefore, I recognize that Dr. Newton's findings may not ultimately support my position in the litigation; nevertheless, I will fulfill my obligation to cooperate, pay fees due to Dr. Newton, and maintain appropriate respect and decorum at all times. I acknowledge that this may include the payment of fees related to testifying in court. I appreciate that this may include the payment of fees related to preparing reports that do not support my position, and testifying in court in support of the other parent's views.

My signature below indicates:

1. I have received, read, understood and will abide by Dr. Newton's evaluation and office policies and procedures;
2. I am waiving privilege with respect to any information in Dr. Newton's file concerning this matter;
3. I am authorizing the release of information, including an evaluation report, to the court, attorneys, and other parties to which the Court has directed Dr. Newton to release the report.

I understand that it is not to be inferred that I agree with all of Dr. Newton's policies and procedures. By signing this consent, I am not waiving any rights I may have to raise objections to any policies and procedures.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed name of parent

**Following is a set of 40 questions. Please use pen on ruled paper or preferably a Word document and make sure that your answers are numbered the same as the question. Some items may require only a sentence while others may take over a page. In some instances, you may be asked to provide a list instead of a narrative. Please be thorough. This questionnaire requires a lot of thought and writing, however, this process will be quicker and more efficient based on the thoroughness of your responses.**

*Use separate pages for responses, do not write here*

*Please send personal information and responses to this questionnaire to Dr. Newton using secure technology and not as a routine email attachment. [Here is a link to an easy-to-use encryption service which is available on the PlusFour Solutions website, for just this purpose.](#) You do not have to register to use this link; you simply attach the document(s) to an email message and hit "send."*

## Lists

1. Provide a timeline of all court proceedings (orders, emergency screenings, etc.) with regard to the divorce and custody matter. Include dates or approximations.
2. Provide a list of people you believe should be consulted with during this evaluation. This may include medical and mental health professionals, relatives and friends. These are people that know you, the child, or the family.
3. Provide a list of schools your child has attended by grade with a summary statement regarding general academic performance and behavior. Provide more detailed information about the current school placement including contact data for teachers.

## Primary Concerns

4. What are your primary concerns to be addressed in this evaluation process? Please describe any safety concerns regarding domestic violence, physical, emotional or substance abuse here.

## Parental Relationship

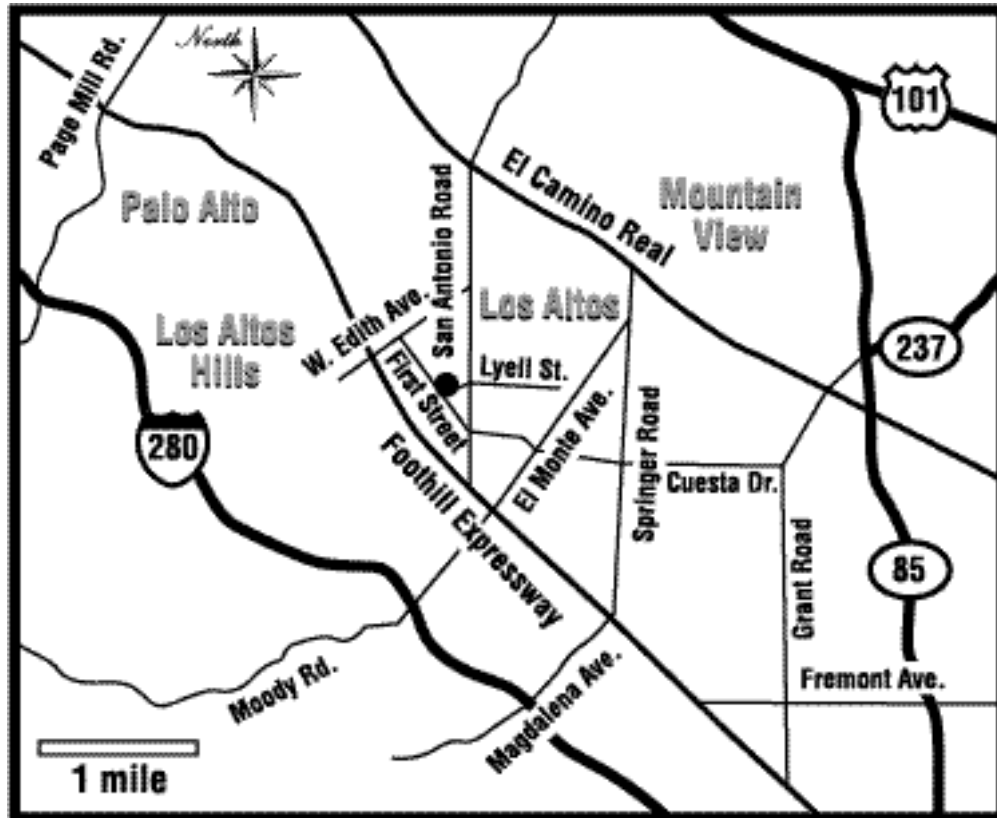
5. Provide a summary of why this relationship failed (no more than one page).
6. Describe your current relationship with the other parent.
7. How do you share information about the child with the other parent?
8. How are decisions made about school, doctors, religious training, etc?
9. Who attends events and how does the child react when you both attend the same event?
10. How are grandparents involved in the child's life? Are other relatives closely involved?
11. What do you sometimes do to contribute to the problems between you and the other parent?
12. What can you do to reduce conflict and increase trust?
13. How does arguing with the other parent affect your child?
14. What can you do to help disengage from the other parent?

**Parenting**

15. What are your strengths as a parent?
16. What areas of parenting do you need to most improve?
17. What do you believe are the essential things that children need from their parents?
18. How do you discipline your child?
19. What do you believe is the best parenting arrangement for your children?
20. What are the most significant differences in parenting between you and your ex-spouse?
21. Describe your ideas about how time with the child should be shared between parents.
22. Describe what types of activities you and your child do together.

**Your Child(ren)** *Please include separate sections for each child*

23. How is the health of your child?
24. Describe your child and include his or her personality traits.
25. What does your child know about the divorce and this evaluation process?
26. How is your child dealing with the conflict?
27. How does your child deal typically with rules and authority?
28. How does your child handle transitions between the two households?
29. How does your child express anger?
30. Does your child exhibit signs of anxiety? Please describe.
31. Describe your relationship with your child.
32. How does the child treat you in front of the other parent?
33. What concerns do you have about the other parent's relationship with the child?
34. How well does your child get along with peers? With adults? Describe your child's close friendships.
35. What is the bedtime routine in your home? Where does your child sleep? Does your child experience problems sleeping (nightmares, insomnia, etc.)?
36. What are your child's favorite activities and interests?
37. How does your child like school?
38. Does your child have any learning disabilities or behavior problems in school?
39. Does your child have any special needs (speech, health, behavior, learning, social, etc.)?
40. What else would you like to discuss about your child?



425 First Street, Suite E , Los Altos, CA 94022  
Main Number: (650) 949-2440

### Directions

**From 280:** Take the El Monte Exit East. Follow El Monte to Foothill Expressway and turn left at the stoplight. At the next stoplight, make a right turn onto San Antonio and stay to the left. Make a left turn at the stoplight onto First Street. One block down is Lyell Avenue.

PlusFour Solutions is at the corner of Lyell and First Street. Parking is available behind the building, off Lyell.

**From 101:** Take the San Antonio Exit West. Follow San Antonio it's full length, across El Camino Real until you almost reach Foothill Expressway. Turn right onto Lyell Avenue.

PlusFour Solutions is at the corner of Lyell and First Street. Parking is available behind the building, off Lyell.