

## Consent to Services of Minors

*Please read the following statement before signing:*

The initial visits at Family Counseling Service, Inc. are considered consultation and assessment to determine the appropriateness of our services for your child.

In cases involving custody, we require that you provide proof of legal custody.

By signing below, you attest that you have the legal right (legal custody) regarding \_\_\_\_\_ to seek mental health services for this child, and are not required to obtain permission from any other person.

A copy of divorce documents reflecting the above will be made available before final treatment recommendations can be made.

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*Name*

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*Date*

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*Name*

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*Date*