

## CONSENT TO SERVICES OF MINORS

Please read the following statement before signing:

The initial visits at Family Counseling 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's name)  
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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Signature of parent/legal guardian

Date

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Signature of witness receiving document of custody

Date