**Forever More**

Adoptions and Custody Evaluations

Crystal Baird Ph.D., LPC

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628-255-5002

I/we have read this entire document, and understand my/our paperwork and financial responsibilities, and consent to contract with Dr. Baird for this service.

Furthermore, I/we understand that the information provided to Dr. Baird is both truthful and complete, to the best of my/our knowledge. I/we have not attempted to mislead or deceive Dr. Baird by providing untrue information or by omitting information. I/we understand that if Dr. Baird finds otherwise, I/we may not be approved for the adoption and/or placement of a child in my/our home.

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Applicant’s signature and date Applicant’s signature and date

**Retain the signed document and turn in to Dr. Baird at the interview.**