



## Minor Child Agreement

It is required that both parents sign this agreement, unless full custody or guardianship documentation is provided to me. Please check each item and sign below:

- You understand that I do not specialize in cases where there is parental conflict, current litigation, likelihood for court involvement or custody disputes, and that upon request an appropriate referral can be made.
- You agree that you will not attempt to gain an advantage in any legal proceedings from my involvement with your child
- You will not ask me to testify in court, whether in person or by affidavit.
- You agree to instruct your attorney(s) not to subpoena us. Note that such an agreement may not prevent a judge from requiring testimony. If required to testify, I am ethically bound not to give an opinion about either parent's custody or visitation suitability.
- You acknowledge receipt of my Services Agreement which outlines Court Action and Legal Fees, and agree to reimburse at the stated rates therein.
- You agree that therapeutic information will not be discussed between the therapist and parents without the child's consent unless the information involves abuse, neglect or safety issues.
- You agree to defer to therapist in matters of confidentiality and understand that the therapist will use informed clinical judgement about what must be shared and the most effective method of transferring information to parents. As a parent, you are encouraged to provide the therapist with information, updates, observations and concerns.
- You understand and agree that if your child is under the age of 16 that they may not be left unattended, and a parent/guardian is expected to remain on-site while your child is in session.

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_