

Verification of Child Custody and Permission to Treat Minors

List names of children to be treated in counseling:
(Print full name)

1.
2.
3.
4.
5.

Definitions:

1. **Joint physical custody:** Children split their time between parents, spending a substantial amount of time with each parent.
2. **Joint legal custody:** Parents share in decision-making regarding medical, educational, and religious issues involving the children.
3. **Joint legal and physical custody:** Parents share both time and decision-making responsibilities.
4. **Primary (sole) custody:** One parent is designated the primary physical and legal custodian of the child or children, and the other parent is granted visitation rights.

List names of individual/s with custody rights for the above named children and list type of custody each possesses (print only):

Name:

Address:

Type of Custody:

Name:

Address:

Type of Custody:

Sign below to verify that all information provide here is true and accurate. If both individuals share joint **legal** custody (definition 2 or 3) **both** must sign below giving permission for the above name children to be treated in counseling.

(Signature of person authorized by law)

(Date)

(Signature of person authorized by law)

(Date)