SAN TAN COUNSELING
3740 E. Southern Ave., Ste 120
Mesa, AZ 85206
TEL: 480-982-2356 FAX: 480-982-2449

CONSENT FOR TREATMENT OF MINOR(S) (UNDER 18)

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Treatment of Minors Policy Statement

The staff of the San Tan Counseling provides counseling for children and their families. It is our policy that we do not to accept children whose families are engaged in custody litigation. We do not provide child custody psychological or family evaluations for the purpose of litigation. We do not accept court referrals. We do not supervise visitations. We do not serve as court advisors. We do not provide child advocate services. We will be happy to refer you to another provider if necessary.

I/We _____ am/are the legal custodial parent(s) of _____ and give my/our permission to San Tan Counseling to provide psychological services to my/our child (children).

____ Initials I/We have read and understand the Treatment of Minors Policy Statement above and will inform the therapist at *San Tan Counseling* of any current, pending or anticipated litigation in our case.

If the child's biological parents are not together, please fill out below:

☐ What is the custody arrangement for this child? (joint/sole custody? Who is the primary?)

_____

☐ If applicable, please describe the child's current visitation schedule:

_____

SIGNATURE(S)

_____	_____	_____
Parent Signature	Parent Printed name	Date
_____	_____	_____
Parent Signature	Parent Printed name	Date