

## CONFIRMATION OF LEGAL CUSTODY

**\*\*\*ONLY FILL OUT THIS FORM IF BOTH PARENTS DO NOT LIVE IN THE SAME RESIDENCE AS THE CHILD**

CHECK THIS BOX IF THIS FORM IS NOT APPLICABLE TO YOUR CHILD

Sole Legal Custodial Parent

Joint Legal Custodial Parent

Legal Guardian

of (child) \_\_\_\_\_ and therefore I have the legal authority to enter this child into therapy and to sign papers on the child's behalf. I understand that if there is joint legal custody with another person, that person may also be involved in the child's therapy and/or may receive communication from the therapist.

\_\_\_\_\_  
Legal Custodial Parent or Guardian

\_\_\_\_\_  
Date

If Joint Legal Custody, please provide the following information:

Name of other parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone(s):** \_\_\_\_\_

**ENGAGING. ENCOURAGING. EMPOWERING.**

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