

ALLEN COUNSELING ASSOCIATES

Licensed Professional Counselors, Interns, and Students

1506 N. Greenville Ave, Suite 220

Allen, Texas 75002

972-979-9720

I, the parent/guardian of _____, understand the

Child's Name

counseling that will take place for my child is strictly for his/her adjustment and healing. I have been informed Michelle Nietert, LPC Supervisor and/or her associate that she has no experience in forensics or social work evaluations regarding child custody and therefore agree not to involve her in any activity relating to a possible custody dispute. Her work with my child is strictly for the child's benefit. This releases her from any court orders toward testifying on either parents' behalf.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Witness

Date