



## Minor Consent Form

IF CLIENT'S PARENTS ARE MARRIED, CONSENT FOR TREATMENT OF A MINOR MUST BE GIVEN BY AT LEAST ONE PARENT. IF THE CLIENT'S BIOLOGICAL PARENTS ARE DIVORCED, THE PARENT WITH SOLE LEGAL CUSTODY MUST GIVE CONSENT. IF THE CLIENT'S BIOLOGICAL PARENTS ARE DIVORCED AND THEY SHARE JOINT LEGAL CUSTODY, BOTH PARENTS MUST GIVE CONSENT. YOUR THERAPIST MAY REQUEST A COPY OF YOUR DISSOLUTION DECREE FOR VERIFICATION OF CUSTODIAL STATUS, IF NECESSARY.

### MINOR'S LEGAL STATUS

Please check one:

- Biological Parents are Married
- Parents Divorced/Biological Parents have Joint Legal Custody
- Parents Divorced/Biological Mother has Sole Legal Custody
- Parents Divorced/Biological Father has Sole Legal Custody

### MINOR'S RESIDENTIAL STATUS

Please check one:

- Minor lives with both Biological Parents
- Minor lives with Biological Mother
- Minor lives with Biological Father
- Minor lives with Legal Guardians:  
\_\_\_\_\_

**NOTE:** By checking the appropriate box above, you are affirming, under the penalties for perjury, that the box indicated is true and accurate.

### WHO IS BRINGING THE MINOR FOR TREATMENT SERVICES?

Please check one:

- Both Parents
- Father
- Mother
- Other \_\_\_\_\_

### MINOR'S FATHER:

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ (EXT. \_\_\_\_\_)

CELLPHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

MARITAL STATUS (Check Appropriate):  Married to Child's Mother  Divorced & Single  Divorced & Remarried

LEGAL CUSTODY STATUS (Check Appropriate):  Sole Legal Custody  Joint Legal Custody

County where Divorced (if applicable): \_\_\_\_\_

### MINOR'S MOTHER:

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_\_) \_\_\_\_\_ (EXT. \_\_\_\_\_)

CELLPHONE (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

MARITAL STATUS (Check Appropriate):  Married to Child's Father  Divorced & Single  Divorced & Remarried

LEGAL CUSTODY STATUS (Check Appropriate):  Sole Legal Custody  Joint Legal Custody

County where Divorced (if applicable): \_\_\_\_\_

This signed consent authorizes Wellspring Counselors to provide treatment and also affirms that all statements in this form are true and accurate, including custodial status of minor children.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_