



I/We, the undersigned, agree to enter my minor child/children _____ into treatment at Discovery Psychotherapy Center, LLC and _____ will be the provider of services. I acknowledge that this will be only for psychotherapy and the therapist will not conduct custody, visitation or parenting assessments. Discovery Psychotherapy Center will not write advocacy letters on behalf of parents or children as well as not testify in court. I/We should seek the services of a licensed forensic psychologist in such matters.

I have read and fully understand the above Agreement; I agree to comply with these policies.

Parent Signature Witness Signature /_____/_____
Date

Print Name Print Name

Parent Signature Witness Signature /_____/_____
Date

Print Name Print Name

Lawyer Signature Witness Signature /_____/_____
Date

Print Name Print Name

Lawyer Signature Witness Signature /_____/_____
Date

Print Name Print Name

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