



I/We, the undersigned, agree to enter my minor child/children _____ into treatment at Discovery Wellness 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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