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SEPARATED/DIVORCED PARENTS AGREEMENT

I, _____ and I, _____

understand that Alvord, Baker & Associates, LLC will be evaluating and/or treating our child/children: _____

Name(s) of child/children

For the purpose of _____

We understand this evaluation/treatment shall not be used for a current or subsequent legal custody dispute in court.

Signature

Date

Print name

Signature

Date

Print name

Witness Signature

Date

Print name