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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 a subsequent legal custody dispute in court.

\_\_\_\_\_  
Parent/Guardian Signature 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Parent/Guardian Signature 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name