

Angie Simonton, LCSW  
Individual and Family Therapist  
5001 Highway 190 E. Service Road  
Suite D4-5  
Covington, Louisiana 70433

***Explanation of Legal Guardianship for Mental Health Treatment of a Minor Client***

Purpose: This document is meant as an explanation per the guardian or parent as to why the other parent or guardian is not able to be involved in the minors mental health treatment. If there is an active custody agreement, this can not be used.

Directions: Please complete all areas in your handwriting and clearly sign/ date.

Your Name:

Your Date of Birth:

Your Address:

Your phone number:

Your relationship to the minor child:

The minor child's name:

Child's Date of Birth:

Relationship of child to you:

Answer Yes or No to the following:

Are you the biological parent of the minor?

If not, are you the legal guardian of the minor?

Are both biological parents involved in the minors life?

Are both biological parents on the minors birth certificate?

Do you receive state child support for the minor?

Does the biological parent know that you are seeking mental health treatment for the minor?

Is there an active custody agreement in place?

Are there any custody agreements in place?

Please explain in detail why I should be able to provide the minor with mental health treatment without the consent of both biological/ legal guardians. Then sign and date it. Thank you.