

Dr. Silvi Guerra, LLC
Stress Free CBT
11810 Grand Park Ave Suite 500
North Bethesda, MD 20852
(202) 240-8648

SEPARATED/DIVORCED PARENTS AGREEMENT

I _____ and I, _____
Parent **Parent**

understand that Dr. Silvi Guerra, LLC will be 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 subsequence legal custody dispute in court.

Signature

Date

Print Name

Signature

Date

Print Name