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LICENSED CLINICAL PSYCHOLOGIST

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CUSTODY/GUARDIANSHIP DOCUMENTATION

Child's Name: _____

☐ I _____ have sole custody of

_____.

☐ I _____ share custody of

_____ with _____.

☐ I _____ have legal guardianship of

_____.

Relationship to child:_____.

Signature_____ Date_____

Print Name_____

****Please attach court/legal documentation supporting the above custodial arrangement.****