



5803 W. Craig Road, Suite 105, Las Vegas, NV 89130
Phone: 702-901-5200 Fax: 702-901-5201

LEGAL CUSTODY

Client Name: _____ Date of Birth: _____

I, the undersigned, indicate by my signature below that I have legal custody of the child (named above), and, therefore, have the right to seek evaluation and/or treatment for this child. I have been advised by Creative Behavioral Connections that it is their recommendation that my child's other parent, if any, be informed of my decision to seek evaluation and/or treatment.

SIGNATURES

Printed Name - Parent or Legal Guardian

Signature

Date

CBC Representative

Date