



HEATHER WILLIAMS, MFT

MARRIAGE & FAMILY THERAPY

License # MFC41155

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AGREEMENT FOR PARENTS

We wish to enlist Heather Williams, MFT, to provide psychotherapy treatment to our child / children. We recognize that such treatment will be compromised if information revealed therein may subsequently be brought to the attention of the court in the course of litigation.

Accordingly, we mutually pledge that we will neither individually nor jointly invoke Heather Williams in any way in custody litigation. We will neither request nor require that Heather Williams provide testimony in court, either as an advocate or as an impartial. We will not request nor require that Heather Williams provide written reports of treatment. We will not permit Heather Williams to communicate with either of our attorneys; in short, we will strictly refrain from attempting to involve Heather Williams in any future litigation that may ensue.

If the services of a mental health professional are considered desirable for court purposes, either impartial or advocate, the services of a person other than Heather Williams will be enlisted.

We have read the above provisions and agree to proceed with therapy for

_____ (minor's name).

Signature _____ Date _____

Relationship to Minor _____

Signature _____ Date _____

Relationship to Minor _____