**Minor Custody Information Form**

Please print your child’s name: _______________________________________________________________

Please print the child’s mother’s name: _________________________________________________________

Please print the child’s father’s name: __________________________________________________________

Please print the name of the person completing this form: ___________________________________________

Indicate your relationship to the minor child (i.e., mother, father, grandparent, legal guardian):
________________________________________

Are the child’s parents legally married? □Yes □No

- **If you answered yes to the above question** (parents are legally married), you do not need to complete the rest of this form. You may print, sign and date this form, and return it to the CAMAT Program.

- **If you answered no to the above question** (parents were never married, are separated, or divorced), please answer the following:

  Do both parents have the legal authority to consent to the medical and/or mental health treatment of this child? (Please refer to relevant court documents and/or consult with your attorney when determining your response to this question). □Yes □No

  - **If you answered yes to the above question**, both parents will be required to sign consent for evaluation and treatment. Please contact our coordinator with any questions.
  
  - **If you answered no to the above question**, which parent is responsible for authorizing medical and/or mental health treatment: __________________________________________

**Signature:**

**Date:**

**Printed Name:**