



## Minor Authorization for Divorced/Separated Parents

### Legal Guardianship Form for Minor Clients

#### Patient Information:

- Name of Minor: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_

#### Parent/Legal Guardian Information:

##### Parent/Guardian 1:

- Name: \_\_\_\_\_
- Relationship to Minor: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

##### Parent/Guardian 2:

- Name: \_\_\_\_\_
- Relationship to Minor: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

#### Legal Guardianship Information:

##### Custody Arrangement:

Please indicate the current legal custody arrangement (check one):

- Sole Legal Custody by Parent/Guardian 1
- Sole Legal Custody by Parent/Guardian 2
- Joint Legal Custody

##### Supporting Documentation:

Please attach copies of relevant legal documents (e.g., custody agreement, court orders) that verify the custody arrangement.

##### Authorization:



I/We, the undersigned, declare under penalty of perjury under the laws of the State of Arizona that the foregoing is true and correct. I/We understand that Baseline Psychiatry will rely on the information provided in this form and the attached documents to determine who has the legal right to make decisions regarding the minor client's care.

**Signature of Parent/Guardian 1:**

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**Signature of Parent/Guardian 2:**

- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

**Notary Acknowledgment:**

State of Arizona, County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (Parent/Guardian 1) and

\_\_\_\_\_ (Parent/Guardian 2), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Arizona that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

**Notary Public:**

- Signature: \_\_\_\_\_
- Printed Name: \_\_\_\_\_
- My Commission Expires: \_\_\_\_\_
- Notary Seal: \_\_\_\_\_