



Heather Luevano MFT
Coastal Family Therapy

License #MFC42278

PO BOX 2284 Carlsbad, CA 92018

P: 760-978-9718 E: heatherluevanomft@gmail.com

AGREEMENT FOR PARENTS

We wish to enlist Heather Luevano, 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 Luevano, in any way, in custody litigation. We will neither request nor require that Heather Luevano provide testimony in court, either as an advocate or as an impartial. We will not request nor require that Heather Luevano provide written reports of treatment. We will not permit Heather Luevano to communicate with either of our attorneys; in short, we will strictly refrain from attempting to involve Heather Luevano 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 Luevano 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_____