



AFFIDAVIT OF CARE & CUSTODY
REGARDING A MINOR CHILD to RECEIVE SERVICES
with Alliance Child & Family Solutions ("ACFS")

AFFIDAVIT OF CARE & CUSTODY

STATE OF TEXAS
COUNTY

Before me, the undersigned authority, personally appeared (Affiant), who first being duly sworn or affirmed by me, under penalty of perjury, deposed as follows:

- 1. My name is. My date of birth is. I am over the age of 18 and fully competent to make this affidavit. The facts stated herein are true and correct and are based on my personal knowledge.
2. The Minor Child whose name is and date of birth is has resided in my care since (date) at my home residence of.
3. To the best of my knowledge, there ARE/are NOT (circle one) legal orders regarding the care and custody of the above-named Minor Child and I AM/am NOT (circle one) able to obtain copies of these documents to provide to Alliance Child & Family Solutions.
4. The last known whereabouts/contact information of one/both biological parents or other legal guardians is/are:

Name: Relationship:
Phone: Email:
Address:

Additional Status Information:

- Incarcerated (Name of Jail/Prison, City/State, & Date:)
Deceased (Date/Location:)
Out of the Country (Date/Location:)
Other Circumstances or Safety Issues:

Name: Relationship:
Phone: Email:
Address:

Additional Status Information:

- Incarcerated (Name of Jail/Prison, City/State, & Date:)
Deceased (Date/Location:)
Out of the Country (Date/Location:)
Other Circumstances or Safety Issues:

5. In light of the above circumstances, I attest that I have the right/duty to seek counseling services for the above-named Minor Child. I understand and agree that if, in the future, there are any court orders put in place, I agree to provide such orders immediately to Alliance Child & Family Solutions. If in the case I do not provide this information, I hereby understand the Minor Child's therapy will be suspended and or terminated in accordance with Texas Law.

Affiant's Signature

SUBSCRIBED AND SWORN TO OR AFFIRMED before me on the day of ,

by Affiant.

Notary Public

My Commission Expires



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1. **PURPOSE OF FORM:** This form is to clarify the policy of Alliance Child & Family Solutions (“ACFS”) and allow Legal Guardians in unique custody situations to clarify the legal guardianship and authority to consent to services.
 2. **TEXAS LAW STATES:** “Prior to the commencement of counseling services to a minor client who is named in a custody agreement or court order, a licensee must obtain and review a current copy of the custody agreement or court order, as well as any applicable part of the divorce decree. A licensee must maintain these documents in the client's record and abide by the documents at all times. When federal or state statutes provide an exemption to secure consent of a parent or guardian prior to providing services to a minor, a licensee must follow the protocol set forth in such federal or state statutes.” - *Reference: Office of the Secretary of State Texas Administrative Code Title 22, Part 30, Chapter 681, Subchapter B, Rule §681.41 (v)*
 3. **ACFS POLICY:** In accordance with Texas State Law involving any minor child receiving services, Alliance Child & Family Solutions (“ACFS”) must maintain a copy of the most recent legal paperwork, custody agreement, or court order in a suit affecting the parent-child relationship. We understand that this may not account for all unique custody situations which is why this form was created.
 4. **PROCEDURE:** Complete Page 1 of this form and have it Notarized. This form, any applicable custody documents, a copy of the Minor Child’s Birth Certificate, and a copy of the Legal Guardian’s photo identification **MUST** be on file with ACFS. If there are any concerns of safety for the child, please inform the Therapist.
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