



Blue Circle Counseling  
counseling·coaching·consulting  
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# LEGAL REPRESENTATION STATEMENT

I have brought my child, \_\_\_\_\_ to Blue Circle Counseling for therapy. I understand that my child is the client, no matter who pays for the session. I understand that the therapist is only concerned about my child's best interest.

I understand that my child's therapist will not participate in any depositions or court proceedings regarding any topic. I understand that my child's therapist will not meet with me, my spouse, former spouses or partners, or my attorney in any divorce or custodial proceedings. I agree that I will not attempt to subpoena my child's therapist or her records for any court proceedings.

I have, or will, provide a copy of my divorce decree and any relevant custody documents for my child's file, if applicable.

I have read and understand the paragraphs above.

My signature indicates that I agree to all terms.

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signature

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date