

**Kaitlin Jones, LMFT**  
2625 Redwing Road, Suite 175  
Fort Collins, CO 80526  
(970) 613-1315

### Statement of Custody Form

I, \_\_\_\_\_, hereby state that I have \_\_\_\_\_

(i.e., joint, sole) custody of the following children:

_____	_____
Name	D.O.B.
_____	_____
Name	D.O.B.
_____	_____
Name	D.O.B.
_____	_____
Name	D.O.B.

Furthermore, I hereby consent to the provision of therapy services provided by Kaitlin Jones, LMFT, to aid the child or children.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
Custodial Parent / Legal Guardian

\_\_\_\_\_  
Witness

- Notes: 1. Joint custody includes married as well as divorced couples.  
2. If joint custody, use 1 form for each parent.  
3. If sole custody, only one signature required.