

Anne Schanz, PhD, LPC  
5068 W Plano Parkway, Ste 300  
Plano, TX 75093

Office: 972-774-0221  
Cell: 972-822-5901  
anne@anneschanzphd.com

## Statement of Legal Guardian

### Guardian Information:

Name: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_  
(Street) (Apt.)

\_\_\_\_\_  
(City) (St) (Zip Code) DOB: \_\_\_\_\_ TDL # \_\_\_\_\_

Gender: \_\_\_\_ Age \_\_\_\_ Marital Status: \_\_\_\_ Relationship to child: \_\_\_\_\_

Telephone (cell) \_\_\_\_\_ (work) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred contact method: Email: \_\_ Phone: \_\_ Text \_\_\_\_

### Minor (client) information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's Primary Address (if different):

\_\_\_\_\_  
\_\_\_\_\_

Any additional information:

## Statement of Legal Guardian

I, \_\_\_\_\_, have the legal right to authorize counseling  
(Name of Parent/Guardian)

for \_\_\_\_\_, age \_\_\_\_\_.  
(Child's Legal Name)

- 1) I have ATTACHED CURRENT CUSTODY ORDERS PERTAINING TO THIS MINOR CLIENT,
- 2) I affirm that I have satisfied every legal stipulation, so that all required notifications and/or authorizations to or from other parties (legal parents, children, other guardians, etc.) have been made in accordance with **any, and all, court-orders pertaining to this minor client.**
- 3) I accept the responsibility to provide a completed Guardian Information Form for anyone required to be notified of treatment by any court order.
- 4) Others authorized to have minor client information (name, phone, and email):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Printed name of Parent/ Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Therapist)

\_\_\_\_\_  
(Date)