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Declaration of No Court Involvement in Middlesex County

Patient/Client Name: _____

DOB: _____ SSN: _____

I hereby declare that I do not have any active court involvement in Middlesex County.

I also understand that if during the course of my treatment, I become court involved in Middlesex County, I must disclose such to my therapist immediately and I understand that services will be terminated.

Signature of Patient/Client

Signature or Parent, Guardian or
Personal Representative*

Date