

Informed Decision to Waive Counseling

I, the undersigned, have been advised of the availability and benefits of counseling services. I understand that counseling may help me address and resolve my concerns in a constructive manner.

After being provided with this information and having the opportunity to ask questions, I voluntarily choose to waive my right to counseling at this time.

Name:

Date:

Signature:

By signing above, I acknowledge that I have read and understand this document, and that my decision to waive counseling is informed and voluntary.