

**Good Counsel
No Harm Agreement for Minors**

Date ____ / ____ / ____

I, _____ promise not to harm myself or anyone else.

If I think I might hurt myself or someone else, I will stay safe by taking the following steps:

INITIAL

_____ 1. *Talk to my parent, legal guardian, or responsible adult about my thoughts and feelings.*

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ 2. *Stay with an adult who will keep me safe.*

Name: _____ Phone: _____

Name: _____ Phone: _____

_____ 3. *Call my therapist or psychologist.*

Therapist Name: _____ Phone: _____

Psychologist Name: _____ Phone: _____

If they are unavailable, I will call the Crisis Line: 1-800-273-8255 or 1-800-784-2433 or 911.

_____ 4. *Go to the hospital if I am not safe and/or if there is no one to keep me safe.*

I will get to the hospital by: _____

My signature below is my commitment and promise to follow this No Harm Agreement.

Client

Witness

Print Name

Print Name

Signature

Signature

CONFIDENTIAL -----CONFIDENTIAL-----CONFIDENTIAL

Good Counsel

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