

**THE  
PHOENIX  
CENTER**



*P.O. Box 1948, Greenville, SC 29602-1948  
Phone: 864-467-3790 – [www.phoenixcenter.org](http://www.phoenixcenter.org)*

**Children In The Middle (CIM) Program  
Consent For the Release of Information to Guardian Ad Litem**

Participant's Name: \_\_\_\_\_  
(First, MI, Last)

Case Docket Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize CIM to disclose to \_\_\_\_\_  
(Participant's Name) (Guardian Ad Litem's Name)

information regarding my participation in and/or completion of the CIM program.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**NOTE: DO NOT sign below unless you wish to revoke prior consent. You may revoke consent at any time.**

**Revocation of Consent**

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness's Signature \_\_\_\_\_ Date \_\_\_\_\_