



## REPORT: LAWYER OR THERAPIST (NEGATIVE)

- Email (Yours) \*  Only to follow up with potential questions, not to be used in the list.
- Practice Type  
○Attorney○Therapist○Coach
- Name \*
- Practice Web Site
- Practice Email  Person or Practice's E-mail
- Practice Phone
- What Happened

(Please state facts and events.)

- Additional Comments
- Logo or Photo (If Available)  Send a logo or photo if available
- Agreement *By sending this information to Beyond Parental Alienation, you are stating that the information presented is, to the best of your knowledge, correct and that Beyond Parental Alienation is not liable for any issues that may arise out of willful or unintentional misstatements or misrepresentations of what occurred.*

## Verification

- Please enter any two digits \* Example: 12
-