

Attorney Information Form

PLEASE COMPLETE ENTIRE FORM

Today's Date \_\_\_\_\_

Attorney Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

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Child's mother's name \_\_\_\_\_

DOB \_\_\_\_\_ Sex M  F  Race \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Place of Employment \_\_\_\_\_

Email Address \_\_\_\_\_

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Name of Person who has custody \_\_\_\_\_

DOB \_\_\_\_\_ Sex M  F  Race \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Briefly explain why you are here and trying to do today

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Child's name \_\_\_\_\_

DOB \_\_\_\_\_ Sex M  F  Race \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

School attending \_\_\_\_\_ Grade \_\_\_\_\_ School behavior \_\_\_\_\_

Who has custody \_\_\_\_\_ Language used \_\_\_\_\_

Who does the child live with at this time \_\_\_\_\_

Time living in County \_\_\_\_\_ Religion \_\_\_\_\_ Language \_\_\_\_\_ Birth City \_\_\_\_\_

Parent's marital status \_\_\_\_\_ Family income \_\_\_\_\_ Is child employed \_\_\_\_\_

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Father's Name \_\_\_\_\_

DOB \_\_\_\_\_ Sex M  F  Race \_\_\_\_\_ Social Security# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_

Email Address \_\_\_\_\_

Father's employment \_\_\_\_\_