

Attach photo of child here  
(Separate sheet for each child)

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Child Name: \_\_\_\_\_  
Male / Female \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Age: \_\_\_\_\_  
Hair Color \_\_\_\_\_  
Eye Color: \_\_\_\_\_  
Race/National Origin: White Black Hispanic Native Am Asian/Pacific Islander Spanish Other \_\_\_\_\_  
Language: English Spanish Other: \_\_\_\_\_  
Distinguishing traits/birthmark: \_\_\_\_\_  
Special needs: (allergies, medication, etc.) \_\_\_\_\_

**AMICUS ATTORNEY APPOINTED FOR CHILD**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHILD THERAPIST/COUNSELOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**INSURANCE CARD INFORMATION FOR CHILD**

Insurance Company: \_\_\_\_\_ Member ID #: \_\_\_\_\_  
School Attending: \_\_\_\_\_ What grade is child in? \_\_\_\_\_  
How long has it been since child last seen non-custodial? \_\_\_\_\_  
Reactions to seeing non-custodial: \_\_\_\_\_