

Attach photo of child here

**CHILD INTAKE INFORMATION**  
(For custodial Use Only)

*Separate Sheet for each child.*

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Child Full Name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Child Race/National Origin: White Black Hispanic Native American Asian/Pacific Other

Language: English Spanish Other

Distinguishing traits/birthmark: \_\_\_\_\_

Special needs: (allergies, medication, etc.) \_\_\_\_\_

School Attending: \_\_\_\_\_ What grade is child in? \_\_\_\_\_

How long has it been since child last seen non-custodial? \_\_\_\_\_

Reactions to child seeing non-custodial: \_\_\_\_\_

**AMICUS ATTORNEY APPOINTED FOR CHILD**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**CHILD THERAPIST/COUNSELOR**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_