

CHILD INTAKE INFORMATION

(Separate sheet for each child)

Place Child Photo Here or email copy into the office.

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 (medication, etc.): _____

Allergies: _____

School Attending: _____ What grade is child in? _____

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

Child reaction to seeing the non-custodial parent: _____

Insurance: _____ Member #: _____

Amicus Attorney Name: _____ Phone: _____

Fax: _____ Email: _____

Therapist Name: _____ Phone: _____

Fax: _____ Email: _____

Official Use Only: AA CPS DA IV DV FR INC LC MUTUAL MH NEG PAC PAAC
PS PA R SAC SAAC PO PA