**Law Offices of Kimberly L. Erwin**

**Post Office Box 2828**

**Fort Myers, Florida 33902**

**www.erwin-legal.com**

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**DEPENDENCY INTAKE INFORMATION**

**Name, Date of Birth and Role in Case:**

**Address:**

**Home and Cellular Phone Number:**

**Email Address:**

**Occupation:**

**Prior DCF Cases:**

**Other Parties Name(s) and Dates of Birth (if known):**

**Child Protective Investigator and Contact Information:**

**Case Manager and Contact Information:**

**Case Number, if Any:**

**Children’s Full Names and Dates of Birth:**

**Current Caregiver Name, Address, Contact Information:**

**Department Allegations:**

**How Can We Assist:**

**Witness Names and Contact Information Supporting Your Goals:**

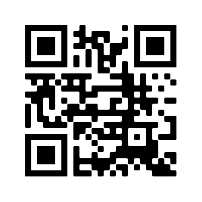
**Documents, Photographs, Evidence Support Your Goals:**

**Upcoming Staffings, Hearings, Meetings or Visits:**

**Additional Information:**

***Documents or Information for Attorney Review May be Submitted at***

[***https://erwin-legal.com/share-documents***](https://erwin-legal.com/share-documents)

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