

DISCLAIMER

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**Childhood & Parenting—Applications**

**Intake Form: For Parents Seeking Legal Representation on Their Own Behalf**

If you are facing charges of mistreating your child, it is imperative that you seek competent legal counsel. Any time the potential loss of parental rights is implicated, experienced legal representation is of the utmost importance. By completing the following form, you will give your lawyer the basic information from which to start formulating your defense. If you are married, both parents can complete the relevant portions of the same form. If you are not married, or if the other parent is not involved in the matter, complete just those portions that apply to you.

***MOTHER***

***FATHER***

Name: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_

Address, Including County:

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

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

Length of Time at that Address: \_\_\_\_\_ years

\_\_\_\_\_ years

Previous Address(es) (for last 10 years):

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

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

Home Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

\_\_\_\_\_

Facsimile Number: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Best Way/Time to Reach: \_\_\_\_\_

Former Name(s): \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer's Address:

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

Length of Time with Employer: \_\_\_\_\_ years \_\_\_\_\_ years

Previous Employer(s) (for last 10 years)

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

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

Are you currently married to the other parent of the child(ren) that is (are) involved in the present matter? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Marriage(s): Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

*Ended by:*

*Ended by:*

Death \_\_\_\_\_ Divorce \_\_\_\_\_ Date \_\_\_\_\_

Death \_\_\_\_\_ Divorce \_\_\_\_\_ Date \_\_\_\_\_

Death \_\_\_\_\_ Divorce \_\_\_\_\_ Date \_\_\_\_\_

Death \_\_\_\_\_ Divorce \_\_\_\_\_ Date \_\_\_\_\_

Children of Current Marriage

*Name Date of Birth Residing with whom?*

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

\_\_\_\_\_

Children from Other Marriages or Relationships

*Name*                      *Date of Birth*   *Residing with whom?*

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identify the child(ren) to whom this matter relates: \_\_\_\_\_  
\_\_\_\_\_

Describe the circumstances for which you seek legal representation:

\_\_\_\_\_ *Neglect and Dependency Petition* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *Termination of Parental Rights* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *Child Abuse Allegations* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *Other* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider the charges that have been raised against you to be true? Mother: \_\_\_\_\_  
Father: \_\_\_\_\_

Why or why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously been found guilty or did you ever plead guilty to a crime?  
Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been incarcerated? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Do you have a history of mental illness? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a history of alcohol or drug abuse? Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three references who have known you for at least five years. Include a family member, a co-worker, and a social friend or neighbor.

MOTHER

Name	Address	Relationship	How long known?
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____

FATHER

Name	Address	Relationship	How long known?
_____	_____ _____ _____	_____	_____


**Other Important Information:**

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**Questions to Ask My Attorney:**

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