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**Childhood & Parenting—Applications**

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

If your child is facing a juvenile court hearing, he or she needs experienced legal representation to ensure the best possible outcome. To get things started, your child's attorney will need some basic information about you and your child. Be prepared to share the following information at your first meeting with your child's lawyer. 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, complete just those portions that apply to you.

**INFORMATION ABOUT THE CHILD**

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Child's Social Security Number \_\_\_\_\_

Child's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ County

With whom does your child reside? \_\_\_\_\_

Does your child attend school? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of school \_\_\_\_\_

Does your child have a job? Yes \_\_\_\_\_ No \_\_\_\_\_

Name and address of child's employer \_\_\_\_\_

\_\_\_\_\_

Is your child currently in the custody of juvenile authorities? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the circumstances that led you to seek legal representation on behalf of your child.

\_\_\_\_\_

\_\_\_\_\_

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List the names of any other persons who may have first-hand knowledge of these events, and the best way to contact them. \_\_\_\_\_

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Do you consider the charges that have been raised against your child to be true?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Does your child consider the charges that have been raised against him or her to be true?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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Has your child previously been charged with an offense? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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What was the outcome? \_\_\_\_\_

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Does your child have a history of mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Does your child have a history of alcohol or drug abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

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

**INFORMATION ABOUT THE PARENTS**

***MOTHER***

***FATHER***

Name \_\_\_\_\_

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

Address, Including County  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

Employer \_\_\_\_\_

Position \_\_\_\_\_

Employer's Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently married to each other? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been married to each other? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Children

<i>Name</i>	<i>Date of Birth</i>	<i>Residing with Whom?</i>	<i>Child of Mother, Father, or Both?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Important Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Questions to Ask My Attorney

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