
DEPENDENCY INTAKE FORM - PARENT REPRESENTATION

DATE: _____ Name of Potential Client: _____

Your Relationship to Child: _____

Client Address: _____

Client Phone Number: _____

Client Email (verify not a work email): _____

Please complete the entire form and provide as much information as you have on the case.
Make any necessary corrections and mark NA for any question that is not applicable.

DEPENDENCY CASE INFORMATION, ATTORNEYS & CPS

Case Number JD: _____ Judge: _____

Next hearing date/time & Type: _____

Date of Removal: _____

Guardian ad Litem (GAL) for child: _____

Assistant Attorney General for ADES: _____

CPS Intake Case Manager: _____

Ongoing Case Manager: _____

Mother's Attorney: _____

Father's Attorney: _____

Other Attorneys: _____

Prior Court Hearings or TDM Dates, Type, & Outcome: _____

CHILD/CHILDREN'S INFORMATION

Name of Child: _____ DOB: _____

Name of Child: _____ DOB: _____

MOTHER

Name: _____ DOB: _____

Reside in AZ & how long: _____

FATHER

Name: _____ DOB: _____

Reside in AZ & how long: _____

How was Paternity Established: (example: named on birth certificate, genetic testing, or by marriage):

School & Daycare Information: _____

(If more than one child and the parents are not the same, please complete below)

Name of Child: _____

Mother of the Child: _____ DOB: _____

Father of Child: _____ DOB: _____

Reside in AZ: _____

Paternity Established: _____

ADES & CPS INFORMATION

Have you been in contact with CPS? If yes, please provide the date(s) and what was discussed or what information was provided. _____

Where is the child currently (foster care, shelter, relatives)? _____

When were the children removed by or turned over to CPS? _____

Are there other siblings not subject to the Dependency case? _____

Are there any other relatives in Arizona? _____

Do you know the current case plan (reunification, severance, guardianship)? _____

Is there a visitation schedule for the parent(s) and how many visits have there been by each parent?

What are the allegations against the parent(s)? _____

Do you know the whereabouts of the other parent? _____

Is there a history of substance abuse, violence, or mental health history for other parent?

Is the other parent incarcerated or on probation? _____

What ADES services have Mother and Father completed or are undergoing currently (i.e. drug testing, counseling)? _____

HISTORY:

Do you have any substance abuse or mental health history? _____

Do you have any prior criminal history or CPS investigations? _____
