



Deprivation Intake (DFCS cases)

Client name: _____ Date: _____

County where you reside: _____

Are you currently employed? Y N Average **yearly** income: \$ _____

Phone number where we can leave a confidential message: _____

Email Address: _____ Social Security No.: ____-____-____

Emergency Name and Phone Number Contact: _____

How were you referred to our office: _____

Biological Mother: _____

Alive or Deceased? (circle)

Address: _____

Phone Number: _____

Biological Father: _____

Alive or Deceased? (circle)

Address: _____

Phone Number: _____

Please provide the name(s), date of birth(s) and state(s) the child/children have resided (past 5 yrs)

Name	DOB	State(s) of residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Detail the events that cause the Department of Family and Children's Services (DFCS) to get involved in your life:

Are you currently under a safety plan? Y N

Are you a party to any Juvenile Court Orders? Y N

Identify all Court Actions known to you that involved the child/children in question:

County of Court Action	Type (divorce, legitimation etc)	Date Closed
_____	_____	_____
_____	_____	_____

Have you ever filed Bankruptcy? Y N

Are you considering filing Bankruptcy? Y N

Attorney Notes:

Retainer Quoted: \$ _____ Monthly Payment: \$ _____ Est. Total: \$ _____