Court Case Information Form

Child Information

Social Security #		**DHS #**	
Last Name			
First Name			
Middle Name			
Suffix			

Home Phone		**Work Phone**		**Cell Phone**	
Address					
City		**State**	Alabama	**Zip**	

County of Residence	Select a county...	☐ **1st District**	**or**	☐ **2nd District**
Current School Enrollment	Select from the list...			
School Name				
Grade Levels Completed		**Current Grade Level**		
Living Arrangement	Select from the list...			
Marital Status of Natural Parents	Select from the list...			
Residence Length	Select from the list...			
Family receiving assistance?	☐ **YES**	☐ **NO**		
Child Support Ordered? (This means previously)	☐ **YES**	☐ **NO**		
Support Paid by?				
Payments Current?	☐ **YES**	☐ **NO**		
Date of Birth				

Birth City		**Birth State**	Alabama	**Birth Country**			
Race	Select...	**Sex**	Select...	**Eye Color**	Select...	**Hair Color**	Select...
Height		**Weight**					

Immediate Medical Needs	
Immediate Psychological Needs	
Medical Insurance Company Name	
Policy #	

NOTE: This form must be submitted to the court within 24 hours of initial custody removal.

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Referral Information

Reason for Referral	Select a referral type...		
Description EX: Parents abused child by...			
Offense Date		**Referral Date**	

Parent Information (Mother)

Mother's Name					
Home Phone		**Cell Phone**			
Address (No PO Box, must be physical)					
City		**State**	Alabama	**Zip**	
Place of Employment					
Address of Employment					

Parent Information (Father)

Father's Name					
Home Phone		**Cell Phone**			
Address (No PO Box, must be physical)					
City		**State**	Alabama	**Zip**	
Place of Employment					
Address of Employment					

Be sure to include the following items:

- Names and addresses of any witnesses you want subpoenaed
  ex: Law Enforcement, Relatives, etc...
- Copy of current Individual Service Plans
- Copy of Permanent and Concurrent Plans including Reasonable Efforts notes

NOTE: If more than one child, please fill out an additional form for each child.

Social Worker Information

Name: _____

Phone: _____

Date: _____

Print Form