

Client Name: _____ DOB: ____ / ____ / ____ Phone/Cell: _____ E-Mail: _____
Mo / Date/ Yr

Primary Physical Address: _____, NY Mailing Address (if different): _____

Employment Information: _____ Title: _____
Name Street Address City State Zip

FAMILY INFORMATION:

Are you a legally recognized custodial parent? Yes or No

Information Regarding Child(ren): Please list the full legal names and date of birth of all custodial children residing in your home:

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

Name: _____ DOB: ____ / ____ / ____ Relationship: _____

COURT/CPS INFORMATION:

Are you the subject of an open & active CPS Investigation? Yes or No County: _____ Caseworker (if known): _____ Date Started: _____

Has the Investigation already led to a filing of Neglect by CPS? Yes or No Have you already appeared in Court on the Neglect? Yes or No

If Yes, have the children been removed from the home? Yes or No Date of Removal: _____

Do you have any action other than Neglect currently pending in Family Court? Yes or No Type of action: Paternity Support Custody/Visitation Other

Have you previously been the subject of a neglect investigation? Yes or No Outcome (ie: indicated, unfounded): _____ Date of Outcome: _____

If you share custody or have joint custody, please provide contact information for the other Custodial Party:

Full Name Street Address City State Zip Phone/Cell/E-Mail: _____

Is the other Custodial Party also the subject of a CPS investigation? Yes or No Caseworker (if known): _____ County of Investigation: _____

Have you or are you currently facing any criminal charges? Yes or No

List Charges: _____ Where: _____
City/Town/Village/County State Return Date

Client Signature: _____ Date: _____ Screener Signature: _____ Date: _____