

PLEASE LIST ALL CHILDREN WHO WILL BE PARTICIPATING IN SUPERVISED EXCHANGES.

CHILD 1

FIRST NAME: _____ LAST NAME: _____

GENDER: FEMALE MALE DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: AFRICAN AMERICAN ASIAN BI-RACIAL CAUCASIAN HISPANIC
 AMERICAN INDIAN OTHER (*PLEASE SPECIFY*) _____

HEALTH INSURANCE: PRIVATE PUBLIC BOTH PRIVATE/PUBLIC UNINSURED

CHILD 2

FIRST NAME: _____ LAST NAME: _____

GENDER: FEMALE MALE DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: AFRICAN AMERICAN ASIAN BI-RACIAL CAUCASIAN HISPANIC
 AMERICAN INDIAN OTHER (*PLEASE SPECIFY*) _____

HEALTH INSURANCE: PRIVATE PUBLIC BOTH PRIVATE/PUBLIC UNINSURED

CHILD 3

FIRST NAME: _____ LAST NAME: _____

GENDER: FEMALE MALE DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: AFRICAN AMERICAN ASIAN BI-RACIAL CAUCASIAN HISPANIC
 AMERICAN INDIAN OTHER (*PLEASE SPECIFY*) _____

HEALTH INSURANCE: PRIVATE PUBLIC BOTH PRIVATE/PUBLIC UNINSURED

CHILD 4

FIRST NAME: _____ LAST NAME: _____

GENDER: FEMALE MALE DATE OF BIRTH: _____

RACE OR ETHNIC GROUP: AFRICAN AMERICAN ASIAN BI-RACIAL CAUCASIAN HISPANIC
 AMERICAN INDIAN OTHER (*PLEASE SPECIFY*) _____

HEALTH INSURANCE: PRIVATE PUBLIC BOTH PRIVATE/PUBLIC UNINSURED

**PLEASE LIST ADDITIONAL CHILDREN ON A SEPARATE SHEET OF PAPER
IF MORE THAN FOUR CHILDREN WILL BE PARTICIPATING IN SUPERVISED EXCHANGES.**

PLEASE DESCRIBE YOUR CURRENT EXCHANGE ARRANGEMENTS:

HAVE THERE BEEN PROBLEMS WITH THE CURRENT ARRANGEMENT?

LIST POSSIBLE TIMES AND DAYS FOR SUPERVISED EXCHANGES:

DO YOU HAVE ANY CONCERNS ABOUT THE CHILD'S INVOLVEMENT IN SUPERVISED EXCHANGES?

DO YOU HAVE ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW?

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

TELEPHONE NUMBER: _____ HOME CELL

ALTERNATE TELEPHONE NUMBER: _____ HOME CELL

PLEASE SIGN AND DATE THIS APPLICATION:

SIGNATURE

DATE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

DO YOU HAVE AN ATTORNEY REPRESENTING YOU? **Yes** **No**

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

DOES YOUR CHILD(REN) HAVE A CASA OR GUARDIAN AD LITEM? **Yes** **No**

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

DO YOU HAVE A CHILDREN'S SERVICES CASEWORKER? **Yes** **No**

NAME: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

DO YOU HAVE AN UPCOMING HEARING? **Yes** **No**

DATE: _____

COURT, JUDGE OR MAGISTRATE: _____