

JUVENILE COURT OF MEMPHIS AND SHELBY COUNTY, TENNESSEE

PROTECTIVE SERVICES INFORMATION SHEET
FOR ATTORNEYS AND AGENCY REPRESENTATIVES

Name of Attorney: _____ Name of Agency: _____

Address: _____ Phone: _____ Zip Code: _____

Name and address of legal custodian: _____
_____ Phone: _____

Name and address of person(s) with whom child(ren) is/are residing: _____
_____ Phone: _____

Name and address of person(s) requesting custody: _____
_____ Phone: _____

Name of Child(ren)	Date of Birth	School	SSN#	Grade	Sex/Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Full names and addresses of parents of the above listed child(ren)

Mother: _____ Address: _____ SSN#: _____

Father: _____ Address: _____ SSN#: _____

Have any of these child(ren) been to Juvenile Court before? Yes No

Were the parents married? Yes No

Do these child(ren) receive welfare? Yes No

Does anyone receive child support for these children? Yes No

List all FULL names of children of the mother.

