

**Protective Services Client Information Form**

**PLEASE COMPLETE ENTIRE FORM**

DCS Report Number: \_\_\_\_\_

Today's Date \_\_\_\_\_

**Name of Person Filing Report**

\_\_\_\_\_ Relationship to child \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M  F  Race: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Your place of employment: \_\_\_\_\_

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**Child's Mother's name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ SS#: \_\_\_\_\_

Who has custody of child: \_\_\_\_\_ Language used in home: \_\_\_\_\_

**Mother's address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone#: \_\_\_\_\_ Home phone#: \_\_\_\_\_

Mother's employment: \_\_\_\_\_

Work Address: \_\_\_\_\_

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**Please complete the following pages**

**Child's name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M  F  SS#: \_\_\_\_\_

**Child's address:** \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School attending: \_\_\_\_\_ Grade: \_\_\_\_\_ School Behavior: \_\_\_\_\_

Who has custody: \_\_\_\_\_ Language used in home: \_\_\_\_\_

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**Who does the child live with at this time:** \_\_\_\_\_

Time living in County: \_\_\_\_\_ Religion: \_\_\_\_\_ Language: \_\_\_\_\_ Birth City: \_\_\_\_\_

Parent's marital status: \_\_\_\_\_ Family's Income: \_\_\_\_\_ Is child employed: \_\_\_\_\_

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**Child's father's name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ SS#: \_\_\_\_\_

**Father's address:** \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Father's employment: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Please complete the following pages**

Name of person who has custody: \_\_\_\_\_

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M  F

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

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Please list ALL names of the mother's children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain why you are here and what you are trying to do today:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Who will custody be going to:

\_\_\_\_\_

DOB: \_\_\_\_\_ Sex: M  F  Race: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone#: \_\_\_\_\_