**CAREGIVER INPUT FORM**

**CHILDREN’S LEGAL SERVICES**

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| Name of Child: |       | DOB: |       |
| Name of Child: |       | DOB: |       |
| Name of Child: |       | DOB: |       |
| Name of Child: |       | DOB: |       |
| Name of Child: |       | DOB: |       |
| Name of Child: |       | DOB: |       |

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| --- | --- |
| Current Location: |       |
|       |

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| Caregiver: |       | Relation to Child(ren): |       |

You are being asked for your input because it is important that the Department and the Court make informed decisions regarding the child/ren’s best interests. This form may be filed with the Court.

YOUR COMMENTS:

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What information do you have that the Court should consider to determine what is in the best interest of the child or children?

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Please sign and return this form to the attorney handling the case. If additional space is required for your comments, additional pages may be attached.

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|  |  |       |
| Caregiver Signature |  | Caregiver Printed Name |
|       |  |  |
| Date |  |  |