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Parties and Child(ren) Involved in Case

Record the names and information of each party and of the attorneys involved this case.

CHILD(REN)

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your Name: _____

Address: _____

Phone: _____

Attorney: _____

Phone: _____

Date of referral _____.

Was the evaluation court-ordered? **Yes No**

Was the evaluation agreed to by both parties? **Yes No**

Name of presiding judge _____

Date of hearing _____

Fee Arrangements: Responsible party: _____

Fee Payments: Advance Payment \$_____ Attorney trust Account \$_____