



WILLIS & CAGLE LAW FIRM

118 E. Graham Avenue | P.O. Box 1062 | Pryor, Oklahoma 74362 | (918) 876-5605

CLIENT INTAKE FORM JUVENILE

CLIENT INFORMATION

Legal Name (Last, First, Middle)

Date of Birth

Current Address (Street, City, State, ZIP)

Telephone Number

Best Time of Day to Reach You

Email Address

Employer Name

Employer Phone Number

Employer Address

Occupation / Position

The information above should reflect the parent, guardian, or adult completing this form on behalf of the juvenile.

JUVENILE INFORMATION

Juvenile's Full Legal Name

Date of Birth

Juvenile's Current Address / Placement

Prefer to complete your form by hand? Print the form and bring it to your meeting or contact our office at (918) 876-5605 and we'll have one ready for you at your appointment.

School Currently Attending / Grade

BOTH PARENTS' CONTACT INFORMATION (REQUIRED FOR THE JUVENILE)

Oklahoma law requires notice to both parents in most proceedings involving a minor. If a parent's rights have been terminated, is deceased, or is unknown, please indicate this instead of contact information. If additional or potential other fathers may be involved, please list them as well.

Parent Name	Relationship	Address	Phone Number	Status (Active/Deceased/Terminated/Unknown)

CASE INFORMATION

Type of Case (Deprived, Delinquent, Child in Need of Treatment, Other)

DHS or Office of Juvenile Affairs Case Number (if applicable)

Assigned Caseworker/Officer

County and Court Where Case Is Filed (if known)

Next Court Date (if known)

DHS REFERRAL INFORMATION

Has DHS been previously involved with this family? (Yes / No — if yes, please describe, including approximate dates)

DHS Caseworker Name

Caseworker Phone Number

Caseworker Office / Address

INDIAN CHILD WELFARE ACT (ICWA) INFORMATION

Federal and Oklahoma law require specific notice and procedures when a child involved in this matter is a member of, or eligible for membership in, a federally recognized Indian tribe. Please complete this section if applicable.

Is the child a member of, or eligible for membership in, a federally recognized Indian tribe? (Yes / No / Unknown)

Name of Tribe(s)**Is the Child Enrolled in the Tribe? (Yes / No / Pending)****Roll Number(s) (if enrolled)****Indian Child Welfare Caseworker Name****Caseworker Phone Number****Caseworker Agency / Tribe Address****ADDITIONAL INFORMATION****Brief Description of the Circumstances Leading to This Case**