

FISHER LAW LLC

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GRANDPARENT RIGHTS INTAKE SHEET

Consultation Date: _____ Referred By: _____

CLIENT - YOU

OTHER PARTY

FULL name: _____ FULL name: _____

Address: _____ Address: _____

County _____ How Long _____ County _____ How Long _____

Social Security Number: _____ Social Security Number: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Date of Birth: _____ Date of Birth: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

YOUR EMERGENCY CONTACT**

Name: _____ Relation: _____ Phone: _____

**Will only be used if we have communicated with you yet have not heard back within 10 days.

CHILD/REN

First Middle Last	DOB	SS#	M/F	Resides with?

Special medical/educational needs for child/ren? _____

BIOLOGICAL PARENT

FULL Name: _____

Address: _____

County _____ How Long _____ Length of Residence in State: _____

Soc Sec #: _____ Date of Birth: _____ State of birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Circumstances of this parent's absence: _____

Your last contact w/ bio parent was on _____ via: **phone text in person** (circle one)

Is there a child support order? _____ Case # _____ State/county _____

***Please provide copy of client/s driver's license to receptionist.*

