

# BLACKBIRD BEHAVIORAL HEALTH, PLLC

Please fill this form out completely. You are responsible for providing updates if any information changes.

Your Name: \_\_\_\_\_  
Last First Middle Maiden/Other names by which you are known

Present Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone Numbers: \_\_\_\_\_  
Home Work Cel Fax

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Number/State

Your relationship to the children in question:  Biological Parent  Grandparent  Stepparent  Other: \_\_\_\_\_

**Children:** List the child or children involved in the court action. Use additional pages if needed.

| Name | Age | Date of Birth | Resides primarily with: |
|------|-----|---------------|-------------------------|
|      |     |               |                         |
|      |     |               |                         |
|      |     |               |                         |
|      |     |               |                         |

**Court information:** Court Number and Cause Number should be at the top of your court order.

County: \_\_\_\_\_ Court Number: \_\_\_\_\_ Cause Number: \_\_\_\_\_

Is there an Ad Litem or Amicus Attorney assigned?  Yes  No If yes, who? \_\_\_\_\_

Your Attorney's Name: \_\_\_\_\_ Legal Assistant: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Other adults involved:** List the other adult(s) and attorney(s) involved in the litigation. Use additional pages if needed.

Their name: \_\_\_\_\_ Relationship to children: \_\_\_\_\_

Their address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Their attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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