



**DEMOGRAPHICS  
EXCHANGE INTAKE**

**This information will be released upon subpoena or direction from the court.  
Personal information will be removed prior to releasing.**

Date of Intake:	
Fee per Exchange (based on verification of monthly income):	
Exchange Schedule:	
<b>Your Contact Information</b>	
Check the box and complete information that represents you:	
<input type="checkbox"/> Residential Name:	Your Relationship to child(ren): _____
<input type="checkbox"/> Non-Residential Name:	
Name:	
Street Address:	Apt No:
City:	Zip:
Phone (Home):	Phone (Work):
Mobile:	Pager:
Email:	
<b>Case Information</b>	
Cause/Case Number:	Judge:
Attorney:	
Street Address:	
City:	Zip:
Phone:	Fax:
Guardian Ad Litem:	
Street Address:	
City:	Zip:
Phone:	Fax:
Therapist:	
Phone:	Fax:

<b>Demographic Information</b>			
Date of Birth:		Age:	
<b>Employer Information</b>			
Occupation:		Employer:	
Street Address:			
City:			Zip:
Phone:		Gross Monthly Income:	
Other Income:			
<b>Vehicle Information</b>			
DL #:	Auto Insurance:		Policy #:
Make/Model of vehicle:			Year: Color:
License Plate #:		State:	
Other Identification:			
<b>List Children from Oldest to Youngest</b>			
<b>Name:</b>			
Date of Birth:			
Height:		Weight:	
Birthmarks:			
School Attending:			
Medical Info:			
<b>Name:</b>			
Date of Birth:			
Height:		Weight:	
Birthmarks:			
School Attending:			
Medical Info:			
<b>Name:</b>			
Date of Birth:			
Height:		Weight:	
Birthmarks:			
School Attending:			

<b>Medical Info:</b>	
<b>Name:</b>	
Date of Birth:	
Height:	Weight:
Birthmarks:	
School Attending:	
<b>Medical Info:</b>	
<b>Name:</b>	
Date of Birth:	
Height:	Weight:
Birthmarks:	
School Attending:	
<b>Medical Info:</b>	

<b>Authorized Emergency Contacts/Authorized to Pick-Up Children (At least two)</b>	
<b>Name:</b>	
Relationship:	Phone:
Pager/Cell:	Fax:
<b>Name:</b>	
Relationship:	Phone:
Pager/Cell:	Fax:
<b>Name:</b>	
Relationship:	Phone:
Pager/Cell:	Fax:

I swear and affirm that the above information is true and correct. I understand that I must report changes to Guardian House within five working days. I authorize the staff at Guardian House to contact any source necessary to establish the accuracy of information which pertains to this case.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date