

KAWARTHA FAMILY COURT ASSESSMENT SERVICE

349A George Street North, Suite 205
Peterborough, ON K9H 3P9
(705) 748-3220

VOICE OF THE CHILD – REFERRAL FORM

NAME OF PARENTS (GUARDIANS)

1. Relationship to child(ren): _____

FIRST MIDDLE LAST

ADDRESS: _____ Home Phone: _____

Cell Phone: _____

BIRTHDAY: _____ Email: _____

2. Relationship to child(ren): _____

FIRST MIDDLE LAST

ADDRESS: _____ Home Phone: _____

Cell Phone: _____

BIRTHDAY: _____ Email: _____

CHILDREN INVOLVED IN THIS ASSESSMENT:

	<u>NAME</u>	<u>D.O.B.</u>	<u>SEX</u>	<u>IN WHOSE CARE</u>
(First)	(Last)	(DD/MM/YR)	(M/F)	
1.				
2.				
3.				
4.				
5.				

PLEASE LIST THE LAWYERS INVOLVED IN THE CASE:

1. _____ Phone: _____

Representing: _____

2. _____ Phone: _____

Representing: _____

COURT & LOCATION: _____

JUSTICE: _____

Adjournment date: _____

(please complete this section only if applicable)

Please detail any issues/concerns:

I, _____, consent to participate in the above noted Voice Of The Child report.
(please print name)

(signature)

(date)