INTENSIVE RELATIVE SEARCH
FAMILY TREE

This information is confidential Further release of this information must be approved by Probation if the youth is a ward or by the family if non-ward.

FATHER'S NAME:	DATE OF BIRTH:	SSN:

CHILD(REN)'S NAME(S) & DATES OF BIRTH:	
1.	3.
	4.
2.	5.

PATERNAL GRANDMOTHER NAME & DATE OF BIRTH:	PATERNAL GRANDFATHER NAME & DATE OF BIRTH:
SSN:	SSN:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
CONTACTED? ☐ YES ☐ NO	CONTACTED? ☐ YES ☐ NO
RESOURCE? ☐ YES ☐ NO	RESOURCE? ☐ YES ☐ NO
COMMENTS:	COMMENTS:

Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No
Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:	COMMENTS:

ADDITIONAL RELATIVES/GODPARENTS/KINDRED/SIGNIFICANT SUPPORT PERSONS		
Relationship to Client/Family:	Relationship to Client/Family:	Relationship to Client/Family:
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:

Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No
Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:	COMMENTS:

ADDITIONAL RELATIVES/GODPARENTS/KINDRED/SIGNIFICANT SUPPORT PERSONS		
Relationship to Client/Family:	Relationship to Client/Family:	Relationship to Client/Family:
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:

INTENSIVE RELATIVE SEARCH
FAMILY TREE

This information is confidential. Further release of this information must be approved by Probation if the youth is a ward or by the family if non-ward.

MOTHER'S NAME:	DATE OF BIRTH:	SSN:
CHILD(REN)'S NAME(S) & DATES OF BIRTH: 1. 2.	3. 4. 5.	

MATERNAL GRANDMOTHER NAME & DATE OF BIRTH: SSN: ADDRESS: PHONE: CONTACTED? ☐ YES ☐ NO RESOURCE? ☐ YES ☐ NO	MATERNAL GRANDFATHER NAME & DATE OF BIRTH: SSN: ADDRESS: PHONE: CONTACTED? ☐ YES ☐ NO RESOURCE? ☐ YES ☐ NO
COMMENTS:	COMMENTS:

Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No
Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:	COMMENTS:

ADDITIONAL RELATIVES/GODPARENTS/KINDRED/SIGNIFICANT SUPPORT PERSONS		
Relationship to Client/Family:	Relationship to Client/Family:	Relationship to Client/Family:
Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:

Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:	Aunt/Uncle/Cousin:
Address:	Address:	Address:	Address:
Phone:	Phone:	Phone:	Phone:
Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No	Contacted? ☐ Yes ☐No
Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No	Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS:	COMMENTS:

ADDITIONAL RELATIVES/GODPARENTS/KINDRED/SIGNIFICANT SUPPORT PERSONS		
Relationship to Client/Family: Name: Address: Phone: Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Relationship to Client/Family: Name: Address: Phone: Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No	Relationship to Client/Family: Name: Address: Phone: Contacted? ☐ Yes ☐No Resource? ☐ Yes ☐No
COMMENTS:	COMMENTS:	COMMENTS: