

RELATIVE SEARCH INFORMATION  
NAME OF CASE: \_\_\_\_\_

DUE DATE \_\_\_\_\_

RELATIVE NAME: \_\_\_\_\_

RELATIVE'S ADDRESS AND PHONE NUMBER (INCLUDE ADDRESS, CITY, AND STATE): \_\_\_\_\_

RELATIVE'S RELATIONSHIP TO CHILD:     BLOOD/MARRIAGE RELATIVE     NONBLOOD RELATIVE     STEP-PARENT  
 GRANDMA     GRANDPA     AUNT     UNCLE     COUSIN     SIGNIFICANT OTHER OF PARENT

RELATIVE'S LAST CONTACT WITH CHILD: \_\_\_\_\_

DO YOU WISH THIS PERSON TO BE CONSIDERED FOR PLACEMENT OF YOUR CHILD?     YES     NO IF NO, WHY NOT?

SOCIAL WORKER ACTION:     CONTACTED     NO CONTACT     INTERESTED IN PLACEMENT

EXPLANATION: \_\_\_\_\_

=====

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