

Potential Collateral Contacts List

Your Name _____

Please note that this is a list of people we may contact. We will select those who are most useful from both parents' lists after discussion. We may request additional ones.

Name	Relationship	Phone	Fax
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Child's Teachers (for current and last year)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Psychotherapists (current and past: say whose)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Physicians (current)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent's Psychotherapists (current and past: say whose)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child Care Providers (current and past)

Family Members (optional)

Friends (optional)

Other (specify relationship)
