

EARLY INTERVENTION CONFERENCE (EIC) - INFORMATION SHEET

CASE: _____ JUDGE: _____
YEAR-NUMBER-SUFFIX NAME

YOUR NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET
CITY STATE ZIP CODE

PHONE: _____ Cell Home SOCIAL SECURITY: _____
AREA CODE NUMBER (CHECK ONE) NUMBER

EMAIL: _____

DATE OF BIRTH: _____ DRIVERS LICENSE: _____
MO. DAY YEAR NUMBER

EMPLOYER: _____ PHONE: _____
NAME OF COMPANY AREA CODE NUMBER

EMPLOYER'S ADDRESS: _____
NUMBER STREET
CITY STATE ZIP CODE

HIRE DATE: _____ PAY: \$ _____ HR. HRS PER WK: _____ SALARY: \$ _____ WK/MO/YR
(CIRCLE)

INSURANCE FOR CHILD/REN

HEALTH INS: _____
INS. CO. NAME POLICY NO. EFF. DATE GROUP NO.

OPTICAL INS: _____
INS. CO. NAME POLICY NO. EFF. DATE GROUP NO.

DENTAL INS: _____
INS. CO. NAME POLICY NO. EFF. DATE GROUP NO.

Cell phone number: _____

E-mail address: _____

Consent to Receive SMS Messages and/or E-mail messages. I consent to receive SMS messages (including text messages) and/or e-mail messages from the Oakland County Friend of the Court, at the specific cell phone number and/or e-mail address provided to their office, listed above. I certify, warrant, and represent that the telephone number and/or email address I have provided is my cell phone number and/or e-mail address and not someone else's. I represent that I am permitted to receive calls and text messages and/or e-mail message at the telephone number and/or e-mail address I have provided. I agree to promptly alert the Oakland County Friend of the Court, in writing, whenever I stop using this cell phone number and/or e-mail address. Standard message and data rates may apply to all SMS messages (including text messages).

Signature: _____ Date: _____