



NEW MEXICO CHILD ABUSE & NEGLECT CITIZEN REVIEW BOARD

Toll Free: 1-866-857-2976 ~ Phone: (505) 217-0226 ~ Fax: (505) 766-1818 ~ Email: info@nmcrb.org

INTERESTED PARTIES LIST

COUNTY:		NEXT JUDICIAL REVIEW:
CHILD(REN)'S NAME(S)	DATE OF BIRTH	

INSTRUCTIONS: Information within the box must be legible. When completing the relationship section, indicate such relationships as attorney for whom, grandparents, foster parent, former foster parent, etc. If there are more than twelve interested parties, use a second attachment and indicate a second page. **On the Special Needs (SP. N.) line, indicate any special needs the interested party might have: sign language interpreter, Spanish (or other language) translation, etc.**

WHO TO INCLUDE: Social Worker, Social Worker Supervisor, CYFD Attorney, GAL, Youth Attorney, Resp. Attorneys, Child(ren) if over 10, Biological Parents, Foster Parents or Child's current placement, Prospective Adoptive Parents (if placed), Service Providers, Therapists for child(ren) and the parent, CASA Volunteer and others appropriate to the case. Please indicate relationship.

JUDGE:		CH #
SOCIAL WORKER	SW SUPERVISOR	CYFD ATTORNEY
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
EMAIL:	EMAIL:	EMAIL:
TELEPHONE #:	TELEPHONE #:	TELEPHONE #:
GAL	YOUTH ATTORNEY (if applicable)	PARENTS (if applicable)
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE #:	TELEPHONE #:	TELEPHONE #:
EMAIL:	EMAIL:	EMAIL:
TELEPHONE #:	SP. N.:	SP. N.:
FOSTER PARENT (if applicable)	CHILD (if applicable)	RELATIONSHIP:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE #:	TELEPHONE #:	TELEPHONE #:
EMAIL:	EMAIL:	EMAIL:
SP. N.:	SP. N.:	SP. N.:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
TELEPHONE #:	TELEPHONE #:	TELEPHONE #:
EMAIL:	EMAIL:	EMAIL:
SP. N.:	SP. N.:	SP. N.: