



# INCARCERATED PARENT INFORMATION

State Form 56539 (6-18)  
DEPARTMENT OF CHILD SERVICES



Please complete a **separate** copy of this form for **each** of your children.  
Return all forms together with State Form 56538, Incarcerated Parent Demographics, in the provided envelope.

YOUR CHILD'S INFORMATION	
Name of child	Date of birth (month, day, year)
Other names used	
Name of child's doctor	Date of last visit (month, day, year)
Please list the child's known allergies, medical conditions / concerns, and any medical specialists the child sees.	
Name of child's dentist	Date of last visit (month, day, year)
Name of child's eye doctor	Date of last visit (month, day, year)
Is this child a member of, or eligible to be a member of, an Indiana Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide as much information as possible regarding the tribe name, the child's membership status, and the child's membership number.	
Is this child a foreign or dual national? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, nationality
Describe the child's strengths and needs.	
Describe the relationship and traditions you share with your child.	
Describe your contact with your child while incarcerated.	
Name of child's biological mother	Name of child's biological father
Were you married at the time of the child's birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of spouse
Date of marriage (month, day, year)	If no longer married, date of divorce (month, day, year)
Has the child been adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
Has Paternity been established for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please check one. <input type="checkbox"/> DNA Testing – Date (month, day, year): _____ Location: _____ <input type="checkbox"/> Paternity Affidavit – County, state, and Cause Number: _____	

**FOR NON-CUSTODIAL PARENTS ONLY**

When did you last see your child? ( <i>month, day, year</i> )	Have you ever lived with your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when, where, and who were the other household members?		
Prior to incarceration, how often did you visit your child?	Were visits supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
Were visits court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, cause number ( <i>if known</i> )	State and county of the court
Have you been ordered to pay child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state and county of the court	Amount and frequency of child support

What is your plan for your child while you are incarcerated?

*Please list relatives or any other individuals who have a relationship with your child.*

Name	Relationship to Child	Address ( <i>number and street, city, state, and ZIP code</i> )	Telephone Number	Consider this individual for placement of child? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature			Date signed ( <i>month, day, year</i> )	

**Thank you for completing this form. Please return the forms for each of your children along with State Form 56538, Incarcerated Parent Demographics, in the self-addressed, stamped envelope provided. We look forward to working with you!**

**LOCAL DCS OFFICE INFORMATION**

Address of local DCS office ( <i>number and street, city, state, and ZIP code</i> )		
Name of Family Case Manager (FCM)		
Telephone number of FCM	E-mail address of FCM	
Signature of FCM		Date signed ( <i>month, day, year</i> )