

CHILDREN FIRST FAMILY SERVICES

Professional Monitoring Services

661 Sixth Street, #4, Lincoln, CA 95648

Telephone: (916) 698-7007

Facsimile: (916) 645-9312

Website/E-Mail Contact: www.childrenfirstfamilyservices.com

REQUEST FOR REPORT(S)

REQUESTING PARTY/COUNTY: _____

MAILING ADDRESS: _____

DAYTIME TELEPHONE: _____

CASE NAME/NO.: _____

I, _____, hereby request a copy of the following specified report(s) to be released by *Children First* and mailed to the above-referenced party and mailing address. Payment in full for the requested Report(s) is submitted herewith.

1) _____
(Date Service Rendered) (Type of Report(s) Requested (I.e. Summary Report, Detailed Report, Etc.))

2) _____
(Date Service Rendered) (Type of Report(s) Requested (I.e. Summary Report, Detailed Report, Etc.))

3) _____
(Date Service Rendered) (Type of Report(s) Requested (I.e. Summary Report, Detailed Report, Etc.))

4) _____
(Date Service Rendered) (Type of Report(s) Requested (I.e. Summary Report, Detailed Report, Etc.))

DATED: _____ **SIGNED:** _____
Relationship to Case (I.e. Parent, Attorney, Etc.)