BURNER LAW GROUP, P.C.

CONTACT PERSON:

1. Name: _____

2. Address: _____

3. Telephone Number: _____

5. Relationship to Respondent: _____

RESPONDENT:

1. Name of Respondent: _____

   Date of Birth: _____ Social Security #: _____

   Intellectually disabled _____ or Developmentally _____

   Clinical Diagnosis: _____

   Has the Respondent been diagnosed by a licensed Physician, Psychologist or Nurologist using the standardized testing: _____

2: Place of Residence of Respondent: _____

   _____

   If AIP is in a facility, name of director, address, telephone number of facility: _____

   _____

   _____

   Service Coordinator at facility in charge of the Respondents care: _____

   _____

   Date of Admittance: _____

3. Current marital status of respondent: ☐ single ☐ married ☐ widowed ☐ divorced