**List of Friends and Family Members to be Assessed**

**Please complete and hand to the Social Worker or your Solicitor at your PLO Pre-Proceedings Meeting.**

**Name of Parent:**

**Child/ren:**

**Name and Address: Relationship to you: Contact numbers/email:**

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**I agree to you contacting the above and understand that you will share necessary information about myself and the children to carry out the assessment.**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**