**Family and Friends Details List**

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| **These are the people who can help me now:** | **These are the people who might care for my child/ren if a court decides I am not able to:** |
| **Practical Support** (hands on help with the children like; getting them to school, feeding, bathing, caring for them while you have a rest/get other things done)  Name:  Telephone Number:  Address:  Name:  Telephone Number:  Address: | This is the person/people I would prefer to look after my children if I were unable to:  Name:  Telephone Number:  Address:  This is the next person I would want to look after my children if I were unable to:  Name:  Telephone Number:  Address: |
| **Emotional Support** (someone you can talk to when you are finding things difficult, someone who will encourage you to keep going with the plan, someone who can attend meetings with you)  Name:  Telephone Number:  Address:  Name:  Telephone Number:  Address: | These are the other people who may be able to care for my child/ren if I am unable to and the people above are unable to:  Name:  Telephone Number:  Address:  Name:  Telephone Number:  Address:  Name:  Telephone Number:  Address: |

**PLEASE COMPLETE THIS FORM AND BRING IT TO THE MEETING WITH YOU.**