<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Lawyer</td>
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<tr>
<td>My DCF Worker</td>
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<tr>
<td>DCF Supervisor</td>
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<tr>
<td>Probation Officer</td>
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<tr>
<td>My Doctor</td>
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<tr>
<td>My Dentist</td>
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<tr>
<td>My Counselor</td>
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</tr>
<tr>
<td>Other Important People</td>
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</tbody>
</table>