



CHILD CUSTODY INTAKE SHEET

Today's Date: _____

ABOUT YOU

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

Birth Date: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number (include state where issued): _____

Please list all addresses you have resided at for the last ten (10) years:

Address (please include Address, City, State, and Zip Code)	Dates of Residence	Own or Rent	Reason for Moving

Current employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ How long with current employer? _____

Current Position: _____ Current Salary: _____

Please list your employment history for the last five (5) years:

Employer	Occupation	Dates of Employment	Reason for leaving

Have you been married before? Yes No If yes, how many times? _____

ABOUT YOUR FORMER SPOUSE/MOTHER/FATHER OF YOUR MINOR CHILD(REN)

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

Birth Date: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number (include state where issued): _____

Please list all addresses he/she has resided at for the last ten (10) years:

Address (please include Address, City, State, and Zip Code)	Dates of Residence	Own or Rent	Reason for Moving

Current employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ How long with current employer? _____

Current Position: _____ Current Salary: _____

Please list his/her employment history for the last five (5) years:

Employer	Occupation	Dates of Employment	Reason for leaving

Has he/she been married before? Yes No If yes, how many times? _____

INFORMATION REGARDING THE CHILDREN

<i>Child #1</i>
Name:
Date of Birth:
Social Security Number:
Place of Birth:
Current Address:

<i>Child #2</i>
Name:
Date of Birth:
Social Security Number:
Place of Birth:
Current Address:

<i>Child #3</i>
Name:
Date of Birth:
Social Security Number:
Place of Birth:
Current Address:

<i>Child #4</i>
Name:
Date of Birth:
Social Security Number:
Place of Birth:
Current Address:

Please list all addresses they have resided at for the last ten (10) years:

Address <small>(please include Address, City, State, and Zip Code)</small>	Dates of Residence	Own or Rent	Reason for Moving

Children's school information:

Name of Child	Name and Address of School	Dates Attended	Teacher or Principal who knows the child

Daycare Costs

Amount per week: _____

Paid by: _____

Is daycare expense paid by cash or check? _____

Name of daycare provider: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Do any of your children have special needs? Yes No

If yes, please elaborate:

Health Insurance

Who pays for family health care coverage? _____

Is it an extra cost? Yes No

If yes, please provide the cost of coverage for:

Employee only: _____ Employee plus child(ren): _____

Employee + child(ren) + spouse: _____

Are there any special healthcare costs (i.e. orthodontic, etc.)?

Who pays?

Company/provider name and address including city, state, and zip code:

Please provide documentation from your employer or insurance provider showing your monthly health insurance premium costs.

CARE OF THE CHILDREN

To the extent that both you and the other parent have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared (please check all that apply):

- | | | |
|---|------------------------------|---------------------------------------|
| Who helps the child(ren) get dressed in the morning? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who bathes the children and grooms them? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who takes care of the child(ren) during the day? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who take care or would take care of the child(ren) while you work? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who arranges for getting the child(ren) together with playmates? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who puts the child(ren) to bed at night? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who prepares the meals? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who arranges for medical and dental care and takes the child(ren) to doctor's appointments? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who cares for the child(ren) when they are ill? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who takes the child(ren) to school? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who picks the child(ren) up from school? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who shops for the child(ren)'s clothes? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who transports the child(ren) to extracurricular activities? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Do you or the other parent participate in recreational activities with the child(ren)? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |

Describe the nature of the activities and how often you and the other parent participate:

Do you or the other parent participate in educational activities with the child(ren)? Yes No Describe the nature of the activities and how often you and the other parent participate:

- | | | |
|---|------------------------------|---------------------------------------|
| Do the children receive religious training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, who provides the training? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who arranges the child(ren)'s birthday parties? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who helps the child(ren) with their homework? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who attends parent-teacher conferences? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Is/Are the child(ren) more likely to turn to you or the other parent when they have problems? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |

Is/Are the child(ren) in daycare or with a sitter? Yes No
If so, how many hours per week? _____

- | | | |
|-------------------------------------|------------------------------|---------------------------------------|
| Who arranges for daycare or sitter? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who disciplines the child(ren)? | | |
| Describe discipline: | | |

Do you feel the child(ren) is/are closer to you or the other parent? You Other Parent
Why?

ABOUT YOUR CURRENT SPOUSE/SIGNIFICANT OTHER

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Fax: (_____) _____ Cell Phone: (_____) _____

Birth Date: _____ Place of Birth: _____

Social Security Number: _____

Driver's License Number (include state where issued): _____

Please list all addresses your spouse/significant other has resided at for the last five (5) years if different than yours:

Address (please include Address, City, State, and Zip Code)	Dates of Residence	Own or Rent	Reason for Moving

Current employer: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ How long with current employer? _____

Current Position: _____ Current Salary: _____

Please list your spouse's/significant other's employment history for the last five (5) years:

Employer	Occupation	Dates of Employment	Reason for leaving

Have you been married before? Yes No If yes, how many times? _____

Does your spouse/significant other have a criminal background? Yes No

If yes, please elaborate:

ABOUT YOUR CURRENT MARRIAGE

Date of Current Marriage: _____

In what City, County, & State: _____

Are there any children: Yes No

If yes, please list the names and birth dates of all children of your current marriage:

Child's Name	Social Security Number	Sex	Birth Date	Birth Place (City, State)