



### 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? If so, how many hours per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Who arranges for daycare or sitter?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
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Who disciplines the child(ren)?

Describe discipline:

Do you feel the child(ren) is/are closer to you or the other parent?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
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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)