

CLIENT INTAKE  
CUSTODY

Date \_\_\_\_\_

*Client*

*Other Parent*

Full name \_\_\_\_\_

Full name \_\_\_\_\_

Date of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Age \_\_\_\_\_

Age \_\_\_\_\_

Birth place \_\_\_\_\_

Birth place \_\_\_\_\_

Work phone \_\_\_\_\_

Work phone \_\_\_\_\_

Can you receive calls at work? \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Social security no. \_\_\_\_\_

Social security no. \_\_\_\_\_

Driver license no. \_\_\_\_\_

Driver license no. \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

Occupational license no(s). \_\_\_\_\_

Occupational license no(s). \_\_\_\_\_

Armed forces status \_\_\_\_\_

Armed forces status \_\_\_\_\_

Next of kin \_\_\_\_\_

Relation \_\_\_\_\_

Address \_\_\_\_\_

CHILDREN - INCLUDING ADULT CHILDREN - LIVING OR DECEASED

1. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Currently residing with ( ) client ( ) other parent

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

CLIENT INTAKE  
CUSTODY

2. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Currently residing with ( ) client ( ) other parent

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

3. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Currently residing with ( ) client ( ) other parent

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

4. Name \_\_\_\_\_ DOB: \_\_\_\_\_

Currently residing with ( ) client ( ) other parent

Social security number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Child(ren)'s residences for the past five years:

Where?	With whom?	For how long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or other parent pregnant? ( ) yes ( ) no When is birth expected? \_\_\_\_\_

Name of health care insurance provider for children \_\_\_\_\_

Does it include: dental ( ) yes ( ) no vision ( ) yes ( ) no

Policy, group or contract number \_\_\_\_\_

Paid for by whom? \_\_\_\_\_

Does your/other parent's health insurance require that he/she have the child(ren) as (a) dependent(s) to continue health insurance for their benefit? (Check with employer benefits office.) \_\_\_\_\_

CLIENT INTAKE  
CUSTODY

Do you have child care expenses?

( ) yes How many weeks per year? \_\_\_\_\_

Paid for by whom? \_\_\_\_\_

Cost per week: During school \_\_\_\_\_ summer \_\_\_\_\_

( ) no

Are you ***paying*** or ***receiving*** support for other children?

( ) yes How much per week? \$ \_\_\_\_\_ Number of children \_\_\_\_\_

( ) no

Is the other parent ***paying*** or ***receiving*** support for other children?

( ) yes How much per week? \$ \_\_\_\_\_ Number of children \_\_\_\_\_

( ) no

Does either party have children from a prior relationship?

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Living with ( ) client ( ) other parent Social Security no. \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Living with ( ) client ( ) other parent Social Security no. \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Living with ( ) client ( ) other parent Social Security no. \_\_\_\_\_

4. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Living with ( ) client ( ) other parent Social Security no. \_\_\_\_\_

5. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Living with ( ) client ( ) other parent Social Security no. \_\_\_\_\_

PRIOR LITIGATION

Has either party previously filed for divorce, custody, etc., in this county or elsewhere?

( ) yes Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_

( ) no

CLIENT INTAKE  
CUSTODY

Has there been any previous domestic relations case filed int his county involving you and/or the other parent or any other family member?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

Does anyone else claim custody over your or the other parent's children?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

Is there an order/judgment for continuing jurisdiction over your or the other parent's children for any other reason?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

Is there presently a case wherein one of the Parties is currently paying support for another child not of this marriage?

- ( ) yes      Indicate when and where the action was filed, the status of the action, the case number and which judge the matter was assigned to. \_\_\_\_\_  
\_\_\_\_\_
- ( ) no

FAMILY HEALTH AND SOCIAL ISSUES

Do you, or the other parent, or your children have:

Any serious physical or mental disability, disorder, handicap or incurable disease?

- ( ) yes      Please explain. \_\_\_\_\_  
( ) no

Any problems with substance abuse (drugs, alcohol)?

- ( ) yes      What type of drugs? \_\_\_\_\_  
What treatment and by whom? \_\_\_\_\_  
When? \_\_\_\_\_  
Place of treatment \_\_\_\_\_
- ( ) no

CLIENT INTAKE  
CUSTODY

Any particular interest in another person by either Party?

( ) yes Whom? \_\_\_\_\_  
( ) no

Any problems with debts?

( ) yes  
( ) no

Any problems with gambling?

( ) yes  
( ) no

Any personal counseling (either Party)?

( ) yes Please explain. \_\_\_\_\_  
( ) no

Would you be willing to begin or continue counseling?

( ) yes  
( ) no

Would you sign a waiver of confidentiality so that we may have access to your records?

( ) yes  
( ) no

Are you or your significant other receiving ADC?

( ) yes Caseworker \_\_\_\_\_ Case No. \_\_\_\_\_  
( ) no

PHYSICAL INJUNCTION INFORMATION

What physical abuse, if any, has occurred and on what dates? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has either spouse ever been arrested, convicted, imprisoned, or placed on probation?

( ) yes Please explain. \_\_\_\_\_  
( ) no

CLIENT INTAKE  
CUSTODY

**Physical Description of Client:**

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Glasses

( ) yes Worn all the time? ( ) yes ( ) no  
( ) no

Mustache/beard

( ) yes Color? \_\_\_\_\_  
( ) no

Distinguishing scars or tattoos? \_\_\_\_\_  
\_\_\_\_\_

Any current Personal Protection Orders?

( ) yes In what county? \_\_\_\_\_ Case No. \_\_\_\_\_  
( ) no

**Physical Description of Other Parent:**

Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

Glasses

( ) yes Worn all the time? ( ) yes ( ) no  
( ) no

Mustache/beard

( ) yes Color? \_\_\_\_\_  
( ) no

Distinguishing scars or tattoos? \_\_\_\_\_  
\_\_\_\_\_

Any current Personal Protection Orders?

( ) yes In what county? \_\_\_\_\_ Case No. \_\_\_\_\_  
( ) no

Is carrying a weapon a condition his/her employment?

( ) yes  
( ) no

CLIENT INTAKE  
CUSTODY

EMPLOYMENT

*Client*

*Other Parent*

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Weekly gross income \_\_\_\_\_

Weekly gross income \_\_\_\_\_

Weekly net income \_\_\_\_\_

Weekly net income \_\_\_\_\_

Do you receive a signing bonus or any special payments/bonuses?  
\_\_\_\_\_  
\_\_\_\_\_

Does your spouse receive a signing bonus or any special payments/bonuses?  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive profit sharing?  
\_\_\_\_\_

Does your spouse receive profit sharing?  
\_\_\_\_\_

Have you received any recognition or awards? \_\_\_\_\_

Has your spouse received any recognition or awards? \_\_\_\_\_

What was your income last year?  
\_\_\_\_\_

What was the other parent's income last year? \_\_\_\_\_

Please attach a copy of your last 3 pay stubs. Indicate if any deductions are mandatory (other than taxes). For example, union dues, pension, etc., would be considered mandatory. Please attach the last 2 income tax returns (personal and business) with their schedules and W-2s.

Previous employer \_\_\_\_\_

Previous employer \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Annual income \_\_\_\_\_

Annual income \_\_\_\_\_

Other income sources (pension, retirement, public assistance or ADC, veterans' benefits, Social Security, annuity funds):

1. Type (wage/dividend) \_\_\_\_\_  
Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_
2. Type (wage/dividend) \_\_\_\_\_  
Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_
3. Type (wage/dividend) \_\_\_\_\_  
Gross per year \_\_\_\_\_ In whose name \_\_\_\_\_

CLIENT INTAKE  
CUSTODY

EDUCATION

*Client*

*Other Parent*

Highest degree obtained \_\_\_\_\_

Highest degree obtained \_\_\_\_\_

High school \_\_\_\_\_

High school \_\_\_\_\_

Date of diploma \_\_\_\_\_

Date of diploma \_\_\_\_\_

Univ/College \_\_\_\_\_

Unv/College \_\_\_\_\_

Degree \_\_\_\_\_

Degree \_\_\_\_\_

Date obtained \_\_\_\_\_

Date obtained \_\_\_\_\_

Additional training \_\_\_\_\_

Additional training \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_