

**CUSTODY INFORMATION FORM
PLEASE PRINT**

Date: _____

EMERGENCY CONTACT (FAMILY MEMBER): NAME _____

RELATION: _____ PHONE: _____

ADDRESS: _____

CLIENT

FATHER/MOTHER OF CHILD

NAME: _____

EYE COLOR: _____

HAIR COLOR: _____

HEIGHT: _____

WEIGHT: _____

RACE: _____

SCARS, TATOOS, ETC. _____

NAME PRIOR TO MARRIAGE: _____

MAIDEN NAME: _____

ANY OTHER NAMES BY WHICH MOTHER IS OR HAS BEEN KNOWN: _____

STREET: _____

CITY: _____

STATE, ZIP: _____

PHONE: _____

DATE & PLACE OF

BIRTH: _____

DRIVER LIC. NO. & STATE: _____

LEVEL OF EDUCATION: _____

NO. OF PRIOR MARRIAGES &
WHETHER THEY ENDED BY DIVORCE OR
DEATH OF SPOUSE: _____

SOCIAL SECURITY NO.: _____

PRESENTLY IN MILITARY
SERVICE: YES _____ NO _____ YES _____ NO _____

NEW ADDRESS AS OF: _____

EMPLOYER: _____

ADDRESS: _____

WORK PHONE: _____

HOURS: _____

POSITION/OCCUPATION: _____

GROSS WAGE(S): _____

NET WAGE (AFTER TAXES): _____

MEDICAL INS.: _____

OTHER INCOME: _____

DATE MARRIED: _____

COMMUNITY, STATE WHERE
MARRIED: _____

PREVIOUS ACTION? _____

COUNTY: _____

CASE NO.: _____

JUDGE: _____

SPOUSE ABUSE? YES _____ NO _____ DESCRIBE LAST INCIDENT:

MINOR CHILDREN

1. NAME	DATE OF BIRTH	AGE	WHO HAS CUSTODY	WHO SHOULD HAVE CUSTODY
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. HEALTH CARE COVERAGE AVAILABLE FOR EACH MINOR CHILD:

NAME OF MINOR CHILD: _____

NAME OF POLICY HOLDER: _____

NAME OF INSURANCE CO./HMO: _____

POLICY/CERTIFICATE/CONTRACT NO.: _____

BIRTH DATE: _____

AGE: _____

SOCIAL SECURITY NO.: _____

RESIDENTIAL ADDRESS: _____

CHILD CARE EXPENSES: _____

3. ADDRESSES OF CHILDREN IN THE LAST 5 YEARS

ADDRESS	DATES	WHO HAS CUSTODY?
_____	TO PRESENT _____	_____
_____	TO _____	_____
_____	TO _____	_____
_____	TO _____	_____

IF YOU ARE REQUESTING ALIMONY OR CHILD SUPPORT, LIST YOUR EXPECTED MONTHLY BUDGET AFTER SEPARATION:

MONTHLY BUDGET

RENT/MORTGAGE: _____

FOOD: _____

GAS: _____

ELECTRIC: _____

TELEPHONE: _____

WATER: _____

OTHER UTILITIES: _____

CHURCH/CLUBS: _____

TRANSPORTATION: _____

MEDICAL: _____

CAR PAYMENT: _____

CAR INSURANCE: _____

MEDICAL INSURANCE: _____

LIFE INSURANCE: _____

HOME INSURANCE: _____

DAY CARE: _____

SCHOOL EXPENSES: _____

ALLOWANCE: _____

MISCELLANEOUS: _____

4. ANY OTHER COURT PROCEEDINGS REGARDING CHILDREN IN THIS OR OTHER STATE, INCLUDING DIVORCE, SEPARATE MAINTENANCE, PROBATE OR JUVENILE COURT?

Yes _____ or NO _____. IF YES, CASE NAME, NUMBER, COURT NAME AND ADDRESS, AND WHETHER CASE IS OPEN: _____

5. DOES ANY PERSON OTHER THAN YOU OR YOUR SPOUSE HAVE PHYSICAL CUSTODY OR CLAIM CUSTODY OR VISITATION RIGHTS? YES ____ NO _____. IF YES, NAME AND ADDRESS _____

6. HAS PUBLIC ASSISTANCE BEEN APPLIED FOR OR IS IT BEING RECEIVED?
YES _____ NO _____

AFDC AND RECIPIENT IDENTIFICATION NUMBERS: _____

IF WIFE IS PREGNANT: DUE DATE: _____ FATHER _____

7. DO YOU OR YOUR SPOUSE HAVE OTHER CHILDREN BY ANYONE ELSE?
YOU: NUMBER OF CHILDREN _____ IN CUSTODY OF _____
SUPPORT _____

SPOUSE: NUMBER OF CHILDREN _____ IN CUSTODY OF _____
SUPPORT _____