Tiffany M. Sorgen, Esq.

Attorney & Counselor at Law

20 Pleasant Street, Suite 202 Canandaigua, New York 14424 (585) 412-6110 Fax: (585) 412-6111

service of process by fax not accepted Penn Yan phone & fax: (315) 694-7236

E-mail: tms@tmsorgenesq.com



CUSTODY INTAKE QUESTIONNAIRE

Name:	
Address:	
Mailing Address (if different):	
Home Phone:	Cell Phone:
Work Phone:	Preferred: Home Cell Work
E-mail Address:	
Social Security Number:	Date of Birth:
	or violation? Yes No charged, name of the court, and disposition)
child protective proceeding (Article 10) bro If yes, please provide details: (court, date, o	
Have you filed a petition with the Family C If yes, please provide copies of petitions.	Court? Yes No

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Are you employed? Yes No	
Name of Employer:	
Job Title:	Employer Phone #:
What are your hours?	
Highest Level of Education:	
Do you own or rent?	
Monthly rent/mortgage payment:	
How many people reside in your household Please list names, dates of birth and relation	ship to you:
Does anyone in your household have a crim If yes, please detail:	inal record? Yes No
Is anyone in your household or your immed offender? Yes No If yes, please list name and level, if known:	iate family or circle of friends a registered sex

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Are you currently in treatment for substance abuse? If yes, please list treatment provider and substance of choices.	Yes ee:	No
Were you previously in treatment for substance abuse? If yes, please set forth dates, name of treatment provider(s) discharged successfully or unsuccessfully:	Yes and wheth	No her you were
Is anyone in your household currently in treatment for subs If yes, please list treatment provider and substance of choice		se? Yes No
Was anyone in your household previously in treatment for If yes, please set forth dates, name of treatment provider(s) successfully from treatment:		
Are you currently in treatment for mental health issues? If yes, please list treatment provider, diagnosis, and any me		es No you currently take:
Were you previously in treatment for mental health issues? If yes, please set forth dates, name of treatment provider(s) discharged successfully or unsuccessfully:		No her you were

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Is anyone in your household currently in treatment for mental health issues? Yes No If yes, please list treatment provider, diagnosis, and any medication:				
Was anyone in your household previously If yes, please set forth dates, name of treat successfully from treatment:			No ed	
Relationship Status:				
Name of Spouse/Paramour/Significant Otl				
Does this individual have a criminal histor	ry? Yes	No		
Registered Sex Offender?	Yes	No		
Child protective history?	Yes	No		
Drug or alcohol issues?	Yes	No		
Anger management issues?	Yes	No		
Mental health issues?	Yes	No		
If yes to any of the above, please detail be	low:			
<i>y</i> 1				
	••			
Do you own a vehicle?	Yes	No		
Do you have a valid driver's license?	Yes	No		

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For each child who is the subject of this proceeding, please list the following: Sex: Name of School: Name: DOB: Grade: Have you previously attended mediation? Yes No Do you have a prior Order of custody/visitation? Yes No Name of other party: General Overview of problems with other party: _____ List the top 5 worst things the other party is going to claim about YOU in court: What is your goal in Family Court?