

**CUSTODY INTAKE QUESTIONNAIRE**

**INSTRUCTIONS: PLEASE FILL OUT THE FOLLOWING INFORMATION TO THE BEST OF YOUR ABILITY. THE MORE COMPLETE YOUR FORM IS, THE MORE EFFICIENT OUR RETAINER APPOINTMENT WILL BE. SOME ITEMS WILL NOT APPLY TO YOU.**

1. Petitioner's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

2. Respondent's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employer's Name and Address: \_\_\_\_\_  
\_\_\_\_\_

3. How was paternity established (i.e; marriage, acknowledgment of paternity)

4. Subject Children:

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security</u>
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8. Do you have any concerns with mental health issues? To your knowledge, does the other parent have any concerns with your mental health?

9. Do you want to be responsible for all major decisions involving the children or do you want to share that responsibility with the other parent?

10. Is there already a Custody and Visitation order in place? If so, why do you think it needs to be changed? Please provide a copy.

11. What is your ideal visitation schedule? You may want to fill out the enclosed Parenting Time Worksheet.

12. If you feel there is a compelling reason for the other parent to not have visitation or have supervised visitation, please explain