

TO BE FILLED OUT BY ATTORNEY:

County for Case: _____

Retainer Cash/Check: _____

CHILD CUSTODY INTAKE FORM

Date: _____

CLIENT INFORMATION:

General Information:

Name _____ Age _____
 First Middle Maiden Last

Address _____
 Street address Apt. No. City State (Zip Code)

Cell Phone: _____ Other Number (Work/Relatives No.): _____

E-Mail Address: _____

Best place where messages can be left: Cell Other # Email

Social Security Number: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Wage/Salary: _____ Length of Employment: _____

Source/Amount Other Income: _____

Education Level Completed: _____

Place of Birth: _____ SC Resident Since: _____

General Health: _____ Criminal History: _____

Who Carries Health/Dental Insurance for yourself: _____

Cost of Coverage: _____ Types of Coverage: _____

Bad Things Adverse Party will say about Client: Drinking Habits Drug Use Adultery Abuse
Explain: _____

Prior Marriages:

of Prior of Marriages: _____

Date of Divorce: _____

To Whom: _____

County/State of Decree: _____

ADVERSE PARTY:

General Information:

Name _____ Age _____

First Middle Maiden Last

Address _____
Street address Apt. No. City State (Zip Code)

Cell Phone _____ Other Number (Work/Relatives No.) _____

E-Mail Address: _____

Social Security Number: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Wage/Salary: _____ Length of Employment: _____

Source/Amount Other Income: _____

Place of Birth: _____ SC Resident Since: _____

General Health: _____ Criminal History: _____

Who Carries Health/Dental Insurance for Adverse Party: _____

Cost Coverage: _____ Types of Coverage: _____

Bad Things about Adverse Party: Drinking Habits Drug Use Adultery Abuse
Explain: _____

Prior Marriages:

Were you ever married to the adverse party? YES NO

Date of Marriage: _____ Date of Divorce: _____

If yes, was your child addressed in the Divorce Decree? _____

Other Marriages:

of Prior of Marriages: _____ To Whom: _____

Date of Divorce: _____ County/State of Decree: _____

Education: _____

Children: _____ Custody: _____

Description:

Hair Color: _____ Eye Color: _____ Height: _____

Weight: _____ Race: _____ Physical Marks: _____

CURRENT MARRIAGE:

Name of Spouse: _____ Date of Marriage: _____

Do we have permission to discuss this case with your current Spouse? YES NO

Cell Phone _____ Other Number (Work/Relatives No.) _____

E-Mail Address: _____

Bad Things Adverse Party will say about Spouse: Drinking Habits Drug Use Adultery Abuse
Explain: : _____

CHILDREN:

Total Number of Children: _____ Who Carries Medical Insurance for your Child(ren): _____

Types of Coverage: Health Dental Vision

If already separated who currently has primary custody of the Child(ren): _____

How often does non primary parent see the Child(ren): _____

Children Information:

Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	
Custody Since Separation: _____	Health of Child: _____	
School/Daycare: _____	Cost of School/Daycare: _____	

Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	
Custody Since Separation: _____	Health of Child: _____	
School/Daycare: _____	Cost of School/Daycare: _____	

Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	
Custody Since Separation: _____	Health of Child: _____	
School/Daycare: _____	Cost of School/Daycare: _____	

Name: _____	Date of Birth: _____	Sex: _____
Age: _____	Other Parent's Name: _____	
Custody Since Separation: _____	Health of Child: _____	
School/Daycare: _____	Cost of School/Daycare: _____	

CHILD SUPPORT:

Are you Currently **Paying** Child Support? YES NO **Receiving** Child Support? YES NO

If yes to either about question, how much and how frequently: _____