

## Child Custody

## **CLIENT INFORMATION**

Your Name:			
Your Social Security Number:			
Your Date Of Birth			
Your Address			
Your Home Phone Number			
Your Cell Phone Number			
Your Email Address			
Your Work Phone Number			
Your Health Insurance Carrier			
Address			
Policy Number			
Children's Names, Dates Of Birth and Social Sec. #			
1			
2			
3			
4			
Other Biological Parents Name:			
Address:			
Phone Number:			
Date Of Birth:			
EMPLOYMENT HISTORY			
Name Of Your Employer			
Your Position			
Length Of Employment			

Salary	Hourly	Or Yearly Salary			
Hours Worked Per Week					
Any Overtime	Work Hours Are From	to			
Name Of The Other Party	y's Employer				
Position					
Length Of Employment _					
Salary	Hourly	Or Yearly Salary			
Hours Worked Per Week					
Any Overtime	Work Hours Are From	to			
CHILD CUSTODY					
If So When?					
Are There Any Court Orde If So, Please Provide Me		The Custody Of Your Child?			
What Kind Of Arrangeme	nt Would You Like?				
Shared Parenting	Sole Custody	Strictly Visitation			
If You Want Sole Custody	, What Are Your Reasons?				
1					
What Kind Of Visitation Schedule Would You Like?					
Do You Pay Child Suppor	rt?				
If So, How Much?					
Are There Arrearages?					
Do You Receive Child Support?					
If So, How Much?					
Are There Arrearages?					
Who Would You Like To Be The Residential Parent For School Placement Purposes?					
Why?					

Do You Currently Have	Health Insurance In Effect For Th	e Child?	
If So, With Whom?			
Any Other Information	That I Should Consider:		
Are Any Children Servi	ces Cases Currently Pending?	Yes	No
If Yes, Please Explain:			
	N DID YOU HEAR ABOUT I	VICDANIEL LA	W GROUP, LLC?
Please Circle one:			
Business Card	Internet search	Website	Referral
Other			
Please explain:			