The Law Office
OF DANA L. WHITE, PLLC

Suits Affecting the Parent-Child Relationship Intake Sheet (Custody and Support)

Please fill out each section completely. If you do not know the information, put "unk" and if the particular item does not apply to your situation, enter "N/a" all of the information requested in this form will be relevant at some point in your case, whether it is for drafting documents or information needed to work on strategy for your case, so it is important that we have as much as possible.

--Return to legal@danafamilylaw.com--

Today's Date:_____

Have you been served in this matter? **Y N** If yes, on what date? _____

(Please provide copies of all documents related to this matter)

Is anyone accompanying you to this consultation? **Y N** If yes, please give the names of each:

1. Name:_____ Relationship:_____

2. Name:_____ Relationship:_____

***Please be aware that by allowing a third party to sit in on your legal consultation, you are waiving any attorney-client privilege that may otherwise exist.*

I. Information About Yourself

In relation to the children who are the subject of this case, you are the:

☐ mother ☐ father ☐ other (specify):_____

Full Legal Name:_____ Circle one: M F

Name you prefer to be called:_____ Date of Birth:_____

Social Security #:_____ DL# and State:_____

Place of Birth (city and state):_____

Address:_____

Mailing (if different):_____

County:_____ How long at this address?_____

Occupation:_____ Employer:_____

Employer's Address:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____(ext)_____ Fax:_____

Email address:_____ Occupation:_____

How long at current job?_____ ☐ full time ☐ part time ☐ temporary

Describe work schedule (days, times, shifts, etc.):_____

_____

Check all that apply regarding how you are paid: ☐ hourly ☐ salary ☐commissions ☐ bonuses

Are you: ☐ employee (W-2 for tax purposes) ☐ contract labor (1099 for tax purposes)

☐ self-employed

Total monthly income from job:_____ Total from all sources:_____

List ALL other sources of income for your household and the amount from each: _____

_____

_____

_____

_____

Professional Licenses held by you:_____

Highest level of education:_____

Criminal History?_____ If yes, please list all arrests, convictions, deferred probations, and the dates of each and in what county/state each occurred:_____

_____

_____

_____

_____

CPS History?_____ If yes, when and what was the outcome of their involvement: _____

_____

_____

_____

_____

_____

_____

Do you have a history of alcohol or drug abuse?_____

Do you have a history of mental health matters?_____

Date of last diagnosis:_____ What was the diagnosis?_____

Other long-term illness or disability:_____

II. Marital status

(Check One): ☐ married ☐ engaged ☐ divorced ☐ widowed ☐ single ☐ living with significant other ☐ exclusive dating relationship but not cohabitating

If married, cohabitating, or in an exclusive dating relationship please provide the following information about your spouse/significant other:

Name:_____ Date of birth:_____

Address (if not residing together): _____

Occupation:_____ Employer:_____

Criminal history? _____

CPS history? _____

History of alcohol or drug abuse? _____

History of mental illness? _____ If yes, date of last diagnosis and what was diagnosis? _____

_____

Has he/she ever had to have supervised visitation with, lost primary custody of, or had their rights terminated to his/her children? _____ If yes to any of these, please explain with as much detail as possible, including what county, court, time frame, and circumstances surrounding the events (also please provide all court documentation for any of these circumstances): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

III. Children who are the subject of the suit:

For each child that is the subject of this suit, please provide the following information. If you do not know the information, please answer "UNK" and if the information requested is not applicable in your case, please answer "N/A."

1. Full name:_____ Circle one: M F

   Date of Birth:_____ Place of birth: _____

   SSN:_____ Drivers' License and State: _____

   Biological parents: _____

   Child currently resides with: _____

   Address:_____

   School or daycare attending:_____

   Special needs:_____

2. Full name:_____ Circle one: M F

   Date of Birth:_____ Place of birth: _____

   SSN:_____ Drivers' License and State: _____

   Biological parents: _____

   Child currently resides with: _____

   Address:_____

   School or daycare attending:_____

   Special needs:_____

3. Full name:_____ Circle one: M F

   Date of Birth:_____ Place of birth: _____

   SSN:_____ Drivers' License and State: _____

   Biological parents: _____

   Child currently resides with: _____

   Address:_____

   School or daycare attending:_____

   Special needs:_____

4. Full name:_____ Circle one: M F

Date of Birth:_____ Place of birth: _____

SSN:_____ Drivers' License and State: _____

Biological parents: _____

Child currently resides with: _____

Address:_____

School or daycare attending:_____

Special needs:_____

5. Full name:_____ Circle one: M F

Date of Birth:_____ Place of birth: _____

SSN:_____ Drivers' License and State: _____

Biological parents: _____

Child currently resides with: _____

Address:_____

School or daycare attending:_____

Special needs:_____

Are the children currently covered by health insurance? **Y or N**

Name of insurance company:_____ Policy #:_____

Insurance is provided through: ☐ mother's employer ☐ father's employer ☐ gov't program

☐ other (please specify): _____

Amount of monthly premiums:_____ Who pays premiums?_____

IV. Other Children Not Subject To This Suit:

If you have OTHER MINOR CHILDREN who are NOT the subject of this suit but that you have an obligation to support, please complete section immediately below:

1. Name:_____ Male or Female (circle one)

DOB:_____ Resides with:_____

2. Name:_____ Male or Female (circle one)

DOB:_____ Resides with:_____

3. Name:_____ Male or Female (circle one)

DOB:_____ Resides with:_____

V. If you are NOT the mother of the child(ren), give the following information about the mother of the child(ren):

Were you ever married to the mother? **Y or N** If yes, date of divorce: _____

Mother's full name: _____ Date of Birth:_____

Social Security #:_____ DL# and State:_____

Place of Birth (city and state):_____

Address:_____

Mailing (if different):_____

County:_____ How long at this address?_____

Who else resides in the residence with this person? _____

_____

Is she: ☐ married ☐ engaged ☐ involved in a serious romantic relationship ☐ cohabitating

If yes, to any of the above, what is the name of that person:_____

Information about that person which might be significant to this case: _____

_____

_____

Has mother ever lost primary custody of, had supervised visitation with, or had their parental rights terminated with respect to another child? _____

Does she have a legal obligation to support or a court order to pay child support for other children?

_____

Occupation:_____ Employer:_____

Employer's Address:_____

The Law Office
OF DANA L. WHITE, PLLC

Home Phone:_____ Cell Phone:_____

Work Phone:_____(ext)_____ Fax:_____

Email address:_____ Occupation:_____

How long at current job?_____ ☐ full time ☐ part time ☐ temporary

Describe work schedule (days, times, shifts, etc.):_____

_____

Check all that apply regarding how she is paid: ☐ hourly ☐ salary ☐commissions ☐ bonuses

Is she: ☐ employee (W-2 for tax purposes) ☐ contract labor (1099 for tax purposes)

☐ self-employed

Total monthly income from job:_____ Total from all sources:_____

List ALL other sources of income for her household and the amount from each:_____

_____

Professional Licenses held by mother:_____

Highest level of education:_____

Criminal History?_____ If yes, please list all arrests, convictions, deferred probations, and the dates of each and in what county/state each occurred:_____

_____

_____

CPS History?_____ If yes, when and what was the outcome of their involvement:_____

_____

_____

Does she have a history of alcohol or drug abuse?_____

Does she have a history of mental illness? **Y or N** Date of last diagnosis:_____

What was the diagnosis?_____

Other long-term illness or disability:_____

How would you describe her relationship with the children? _____

_____

VI. If you are NOT the father of the children, give the following information about the father of the child(ren):

Were you ever married to the father? **Y or N** If yes, date of divorce: _____

Father's full name:_____ Date of Birth:_____

Social Security #:_____ DL# and State:_____

Place of Birth (city and state):_____

Address:_____

Mailing (if different):_____

County:_____ How long at this address?_____

Who else resides in the residence with this person? _____

_____

Is he: ☐ married ☐ engaged ☐ involved in a serious romantic relationship ☐ cohabitating

If yes, to any of the above, what is the name of that person:_____

Information about that person which might be significant to this case: _____

_____

_____

Has father ever lost primary custody of, had supervised visitation with, or had their parental rights terminated with respect to another child? _____

Does he have a legal obligation to support or a court order to pay child support for other children?

_____

Occupation:_____ Employer:_____

Employer's Address:_____

Home Phone:_____ Cell Phone:_____

Work Phone:_____(ext)_____ Fax:_____

Email address:_____ Occupation:_____

How long at current job?_____ ☐ full time ☐ part time ☐ temporary

Describe work schedule (days, times, shifts, etc.):_____

_____

Check all that apply regarding how he is paid: ☐ hourly ☐ salary ☐commissions ☐ bonuses

Is he: ☐ employee (W-2 for tax purposes) ☐ contract labor (1099 for tax purposes)

☐ self-employed

Total monthly income from job:_____ Total from all sources:_____

List ALL other sources of income for his household and the amount from each:_____

_____

Professional Licenses held by father:_____

Highest level of education:_____

Criminal History?_____ If yes, please list all arrests, convictions, deferred probations, and the dates of each and in what county/state each occurred:_____

_____

_____

CPS History?_____ If yes, when and what was the outcome of their involvement:_____

_____

_____

Does he have a history of alcohol or drug abuse?_____

Does he have a history of mental illness?_____

Date of last diagnosis:_____ What was the diagnosis?_____

Other long-term illness or disability:_____

How would you describe his relationship with the children? _____

_____

VII. Grandparents of the Child(ren):

1. Maternal grandmother

Name and Address: _____

How often does she visit the child(ren)? _____

How would you describe her relationship with the child(ren)?_____

2. Maternal grandfather

Name and Address: _____

How often does he visit the child(ren)? _____

How would you describe his relationship with the child(ren)?_____

3. Paternal grandmother

Name and Address: _____

How often does she visit the child(ren)? _____

How would you describe her relationship with the child(ren)?_____

4. Paternal grandfather

Name and Address: _____

How often does he visit the child(ren)? _____

How would you describe his relationship with the child(ren)?_____

VIII. Miscellaneous Information

Reason you are seeking custody:_____

_____

_____

_____

Who do anticipate will contest this action, and why? _____

_____

_____

For the purposes of having the other party served, please provide the following:

Physical Description (include remarkable traits, tattoos, or scars that are visible for identification):

_____

_____

_____

Vehicle description (make, model, color, etc. license plate if known):_____

_____

Best time/place to serve him/her:_____

_____

IX. PREVIOUS COURT ORDERS:

(Please provide us with copies of ALL prior court orders.)

Date of last order:_____ Type of Order:_____

Order based upon: [ ] final trial [ ] mediated settlement agreement [ ] other negotiation

Custody: [ ] Joint managing conservators – Primary to:_____

[ ] Sole managing to:_____

Geographical restriction?_____

Visitation: [ ] Standard [ ] Standard Expanded [ ] Other:_____

_____

Is the visitation schedule ordered by the court actually being followed? _____

If no, why not?_____

What schedule is actually being followed?_____

_____

Was child support ordered? [ ] YES [ ] NO

If no, why not?_____

If yes, was it according to guidelines?_____

Obligor:_____ Obligee:_____

Amount: $_____ per _____

Are the payments current?_____ Amt of back support owed:_____

Do you feel that modification is necessary?_____ Why or why not?_____

_____

_____

Has there been a substantial change since the rendition of the last court order? _____

If yes, please explain:_____

_____

What would you like to accomplish in regard to this suit?_____

_____

Have you consulted with other attorneys in this matter?_____

Outcome:_____

PLEASE SIGN BELOW, indicating that all information herein is correct:

_____ _____

Signature Date

ATTORNEY NOTES: