

CUSTODY

Date _____

FOR OFFICE USE ONLY

_____ Open File _____ CUSTODY COMPLAINT

_____ Fee Letter County _____

Regarding _____ Check Amount \$ _____

Retainer \$ _____ Custody _____

Payment \$ _____ Child Support _____

Referral Source _____ Attorneys' Fees and Costs _____

OUR CLIENT

Name _____ Maiden Name _____

Address _____

Email _____

Telephone _____ (Home) _____ (Office) _____ (Cellular)

Date of Birth _____ Where born _____

Social Security No. _____ Race _____

Occupation _____

Employer _____

Employer's Address _____

Employer's Telephone No. _____

Previous Marriages _____

SPOUSE/OPPOSING PARTY

Name _____ Maiden Name _____

Address _____

Attorney _____

Date of Birth _____ Where born _____

Social Security No. _____ Race _____

Occupation _____

Employer _____

Employer's Address _____

Employer's Telephone No. _____

Previous Marriages _____

CUSTODY AND VISITATION

<u>Name</u>	<u>Sex</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Age</u>
-------------	------------	-------------------------------	----------------------	------------

From _____ to _____ with _____ at _____

From _____ to _____ with _____ at _____

From _____ to _____ with _____ at _____

From _____ to _____ with _____ at _____

Currently in custody of _____

Prior custody actions _____

Custody/visitation requested _____

_____ Shared legal custody

_____ Primary physical custody

_____ Shared physical custody as follows:

_____ Visitation/partial physical custody as follows:
