
CHILD CUSTODY/CHILD SUPPORT/ATTORNEY GENERAL CASE INFORMATION SHEET

1. CLIENT INFORMATION
(PERSON COMPLETING THIS FORM)

NAME: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE/ETHNICITY _____

DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____

RESIDENCE, INCLUDING ZIP CODE: _____

HIGHEST LEVEL EDUCATION COMPLETED: _____

EMAIL ADDRESS: _____

ATTORNEY GENERAL CASE NO. (If known) _____

CELL #: _____ HOME #: _____

EMPLOYER NAME: _____ YEARLY SALARY \$ _____

EMPLOYER ADDRESS: _____

WORK PHONE NUMBER: _____ JOB TITLE: _____

NAME, AND PHONE NUMBER OF PERSON TO CONTACT IN EVENT OF EMERGENCY:

RELATIONSHIP TO YOU: _____

2. OTHER PARENT'S INFORMATION

NAME: _____

DATE OF BIRTH: _____ AGE: _____

PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ RACE/ETHNICITY _____

DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____

RESIDENCE, INCLUDING ZIP CODE: _____

HIGHEST LEVEL EDUCATION COMPLETED: _____

EMAIL ADDRESS: _____

CELL #: _____ HOME #: _____

EMPLOYER NAME: _____ YEARLY SALARY \$ _____

EMPLOYER ADDRESS: _____

WORK PHONE NUMBER: _____ JOB TITLE: _____

3. Paying Child Support Payments

(if you are receiving child support payments, please skip this section)

Have you ever been placed on child support payments before? ___ YES ___ NO

If you have been placed on child support before, please provide the date and the State where you were paying child support payments: _____

Are you now paying child support? ___ YES ___ NO. If you are currently paying child support, please state the monthly amount: _____

Are you in arrears (behind) in your child support payments? ___ YES ___ NO.

If you are in arrears in your child support payments, please state the amount: \$ _____

How long have you been behind in your child support payments? _____

Do you believe that your child support payments are too high? If so, please state the amount you believe you should be paying: _____.

Have you made any informal payments (payments in cash, bought clothes, food, pampers, school supplies, etc.) to the other parent? _____ If so, do you have any receipts? _____.

Please state provide the dates, the types, and the amounts of any informal payments you have made to the other parent: _____

4. Receiving Child Support Payments

(if you are paying child support, please skip this section)

Are you now receiving child support payments? _____ If so, how much and who is making the child support payments: _____.

Is the party paying you child support in arrears (behind) in payments? ___ YES ___ NO.

If the party making child support payments is behind (in arrears) in their child support payments, please state the amount you believe they are behind \$ _____, please state how many months you believe that party is behind in making child support payments: _____.

Do you believe that the child support payments you receive are too low or too high? If so, please state the amount you believe you should be receiving: _____.

Have the party responsible for making child support payments made any informal payments (payments in cash, bought clothes, food, pampers, school supplies, etc.) to the other parent? _____ If so, how much have you been paid? _____. Was it in cash or by check, money order? _____ Did you give the party any receipts for payment? _____.

Please state provide the dates, the types, and the amounts of any informal payments you have received from the other parent: _____

5. Paternity (DNA/Genetics) Information

Are there any issues with paternity? _____ Would you like a paternity test? _____
Is the father (if you are mother) listed on the child(ren)'s birth certificate? _____
Do(es) the child(ren) have the father's last name? _____ Would you like to get the child(ren)'s
last name changed to be the same as the father's? _____
What is the current last name of the child(ren)? _____

6. Health Insurance/Cash Medical Support

Who currently provides health insurance for the child(ren)? _____
If so, what is the name of the Insurance Company: _____
Policy No: _____; what date did insurance become effective? _____
Is a party currently paying cash medical support in lieu of insurance ? ____ YES ____ NO. If so,
what is the amount of medical cash support? \$ _____

7. Visitation/Possession/Access to Child(ren)

Do you currently have custody of the child(ren) (Y/N) _____ ? If not, do you have visitation with your
children? (Y/N) _____ Is it by court order? (Y/N) _____ If by court order, please state the date of the
court order and type of visitation you have. _____
_____. If you do not have visitation, what type of visitation would you like?
_____. Are there any problems or
issues with you visiting your child(ren)? (Y/N) _____. Please write the date of the last time you have
seen your child(ren): _____. Is the other parent preventing you from
seeing the child(ren)? (Y/N) _____ If the other parent is preventing you from seeing the child(ren),
please state the dates and times that the other parent has prevented you from seeing the child(ren) in the
following spaces _____

8. Children Information

Please provide the following information on each child that is the subject of this cause of action
in the spaces below:

- 1. NAME: _____
AGE: _____
DOB: _____ PLACE OF BIRTH: _____
SSN: _____

CURRENT ADDRESS: _____
HOME PHONE NO.: _____
SCHOOL: _____
SCHOOL ADDRESS: _____
SCHOOL PHONE NO.: _____

2. NAME: _____
AGE: _____
DOB: _____ PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____
SCHOOL: _____
SCHOOL ADDRESS: _____
SCHOOL PHONE NO.: _____

3. NAME: _____
AGE: _____
DOB: _____ PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____
SCHOOL: _____
SCHOOL ADDRESS: _____
SCHOOL PHONE NO.: _____

4. NAME: _____
AGE: _____
DOB: _____ PLACE OF BIRTH: _____
SSN: _____
CURRENT ADDRESS: _____
HOME PHONE NO.: _____
SCHOOL: _____
SCHOOL ADDRESS: _____
SCHOOL PHONE NO.: _____

9. Criminal History Information

Do you or the other parent have a criminal history? (Y/N) _____ If yes, please provide information regarding your and the other Parent's criminal history in the following spaces: _____

10. Protective Order Information

Have you ever had a protective order placed for you or against you with the other parent or any other person? If so, please state the date(s) of any protective orders, the name of the person(s) who received the protective order against you (if it was you who was granted the protective order, please provide that information as well), and whether or not the protective order has expired in the spaces below:

11. Other Information

If there is any other information you believe would be beneficial to your case (i.e., the other parent has drug/alcohol problems, **criminal record**, anger management issues, etc.), please provide that information in the following spaces: _____

REFERRAL INFORMATION

WHO REFERRED YOU TO THIS OFFICE: _____

DATE: _____

SIGNATURE: _____