

CUSTODY INFORMATION

It is important to complete this questionnaire as fully and accurately as possible. You will be paying for the time we spend on your case and you will save expenses by providing us with complete information.

This form is designed to alert us to items to which we should give attention, as well as to provide necessary information. We do not know the facts of your case as well as you do. Tell us as much as you know so that we can do a better job for you.

All references to "other parent" below refer to the other parent of the child(ren) who are the subject of your custody or parenting time dispute.

- 1. What is your full name? What is the other parent's full name? a. First b. Middle c. Last d. Maiden e. Former married names:

- 2. Please give the following vital statistics about yourself: Please give the following vital statistics about the other parent: a. Soc. Sec. No. b. Driver's License No. c. Date of Birth d. Current Age e. Highest level of education: Elem/Secondary College

- 4. Where are you living and what is your telephone number? a. Address b. City, State, Zip c. Home telephone number d. E-mail address (secure and private) e. Cellular/mobile number How long in Oregon? f. If you want mail from this office sent to a different address, please furnish the desired address here:

- 5. Are you currently employed? Yes No If yes, please provide: a. Name of employer Length of employment b. Street address c. City, State, Zip d. Telephone number Fax number e. What is your monthly gross salary? \$ Take home? f. What is your job title?

- 6. Where is the other parent living and what is his or her telephone number? a. Address b. City, State, Zip c. Residence telephone number d. How long in Oregon?

7. **Is the former parent currently employed?** Yes \_\_\_ No \_\_\_. If yes, please provide:

- a. Name of employer \_\_\_\_\_ Length of employment \_\_\_\_\_
- b. Street address \_\_\_\_\_
- c. City, State, Zip \_\_\_\_\_
- d. Telephone number \_\_\_\_\_ Job title? \_\_\_\_\_
- e. What is his or her monthly gross salary? \$ \_\_\_\_\_ Take home? \_\_\_\_\_

8. Please give full name, date of birth and sex of each child, and indicate the name of the child's other parent.

First	Middle	Last	Sex	Social Security Number	Birthdate	Age	Name of Other Parent
_____			M/F	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____
_____			M/F	_____	_____	_____	_____

9. Please list the addresses where your children have lived and with whom for the last **five** years:

Child	Resided With	Address	Dates

10. Were you married to the other parent? Yes \_\_\_ No \_\_\_\_.

**If you were married to the other parent, please fill out the following:**

- a. What is the date of your divorce judgment? \_\_\_\_\_
- b. In what county did your divorce occur? \_\_\_\_\_
- c. Have any orders been entered modifying the original judgment? Yes \_\_\_ No \_\_\_
- d. ***Please attach a copy of your divorce judgment and any modification orders.***

11. **Restraining Order**

- a. Have you ever had a restraining order against you? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_
- b. Have you ever had a restraining order against somebody else? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_
- c. To the best of your knowledge, has the other parent ever had a restraining order against him or her? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_
- d. To the best of your knowledge, has the other parent ever had a restraining order against somebody else? Yes \_\_\_ No \_\_\_ If yes, date \_\_\_\_\_

12. **Support**

- a. Are you now paying support? Yes \_\_\_ No \_\_\_ If so, how much \$ \_\_\_\_\_

- b. Are you now receiving support? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how much \$ \_\_\_\_\_
- c. Are you or is your spouse now receiving any form of public assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Other than children, do you have any dependents? Yes \_\_\_\_\_ No \_\_\_\_\_

13. **Are you or the other parent now in the U. S. Armed Forces?** Yes \_\_\_\_\_ No \_\_\_\_\_

14. **Does the other parent have an attorney?** Yes \_\_\_\_\_ No \_\_\_\_\_ Who? \_\_\_\_\_

15. **Description of other parent:**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Facial Hair \_\_\_\_\_ Glasses \_\_\_\_\_ Marks, Tattoos \_\_\_\_\_

The other parent may have to be personally served with papers. At what address should he or she be served? \_\_\_\_\_

When is the best time to serve at that address? \_\_\_\_\_

16. **Please give the name, address and telephone number of an individual to contact in case we are unable to reach you.**

\_\_\_\_\_  
 \_\_\_\_\_

17. **Have you consulted us for legal advice before?** Yes \_\_\_\_\_ No \_\_\_\_\_

18. **Please let us know how you were referred to this office.**

- a. Individual referral (please give name) \_\_\_\_\_
- b. Telephone book yellow pages \_\_\_\_\_
- c. Other \_\_\_\_\_

***I UNDERSTAND THE FIRM HAS NOT ACCEPTED MY CASE AND WILL NOT ACT AS MY ATTORNEY UNTIL I HAVE SIGNED A FEE AGREEMENT AND PAID THE RETAINER.***

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature