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Client Intake Questionnaire: Custody, Parenting Time, & Child Support

Please fill out this form to the best of your ability and provide the requested information. Doing so will save us time in preparing your case allowing us to focus on the legal analysis.

Not all information is required or available in every case. If something does not apply to your situation, or if you do not have the information readily available, then please move on to the next section.

I. YOUR INFORMATION

Your Name: _____
First Middle Last

Do you have a maiden name or alias? Yes No

If yes, what is your maiden name? _____

What is your current *physical* address?

Street Apt.?

City State Zip County

How long have you lived at this address? _____

Is your physical address the same as your *mailing* address? Yes No

If no, what is your mailing address?

Street Apt.?

City State Zip County

Help at Life's Crossroads

Which telephone numbers can be used to reach you?

Home: (____) ____ - _____

May a voicemail be left at this line? Yes No

Cell: (____) ____ - _____

May a voicemail be left at this line? Yes No

Work: (____) ____ - _____

May a voicemail be left at this line? Yes No

What is your date of birth? _____

How old are you? _____

What is your social security number? _____ - _____ - _____

Are you now or have you ever been a member of United States military service?

Yes

No

If yes, please describe your service: _____

II. OTHER PARENT INFORMATION

What is the other parent's name?

First Middle Last

What is their current *physical* address?

Street Apt.?

City State Zip County

How long has the other parent lived at this address? _____

Is their physical address the same as their *mailing* address? Yes No

If no, what is their mailing address?

Street Apt.?

City State Zip County

What is the other parent's date of birth? _____

How old is the other parent? _____

What is the other parent's social security number? _____ - _____ - _____

Is the other parent now or has the other parent ever been a member of United States military service?

Yes No

If yes, please describe their service: _____

III. CHILDREN

Child's Legal Name	Gender	Date of Birth	Age	Social Security Number	With whom is the child living?

Do either you or the other parent have children not listed above?

Self

Other Parent

If so, what are their names and dates of birth?

IV. CHILD SUPPORT

Child support is a requirement. Regarding child support, are there any unusual facts that you think I should know? (i.e., Your spouse contributes to certain costs each month, you already have an informal agreement in place, etc.)

A. Your Employment and Income

Are you currently employed? Yes No

If so, where are you employed? _____

What do you do there? _____

What is your work address? _____

How long have you been employed at this job? _____

Are you paid hourly, salary, or otherwise? _____

If hourly, what is your hourly wage? _____

If hourly, how many hours per week do you work? _____

If salary, what is your monthly income? _____

B. Other Parent Employment and Income

Is the other parent currently employed? Yes No

If so, where are they employed? _____

What do they do there? _____

What is their work address? _____

How long have they been employed at this job? _____

Are they paid hourly, salary, or otherwise? _____

If hourly, what is their hourly wage? _____

If hourly, how many hours per week do they work? _____

If salary, what is their monthly income? _____

C. Insurance

Do you have health insurance? Yes No

If yes, how are you insured? (i.e., privately, employer sponsored, state sponsored, etc.)

How much do you pay for health insurance? _____

Are the children insured? Yes No

If yes, how are the children insured? (i.e., privately, employer sponsored, state sponsored, etc.)

What is the cost of health insurance for *only* the children? _____

D. Child Care Expenses

Are one or more of the children in child care? Yes No

If yes, how many are in child care? _____

What is the cost of child care per week? _____

Who pays for child care? _____

Do you or the other parent have any life insurance policies? Yes No

Legal Custody identifies who will have the right to make decisions regarding the education, religious, and medical upbringing of the children. Are you asking the court to grant **legal** custody of the children to:

- You Other Parent Both

Are you and the other parent in agreement regarding legal custody?

- Yes No

Physical custody identifies the parent with whom the children live and who provides for the children's day-to-day care. Are you asking the court to grant **physical** custody to:

- You Other Parent Both

Are you and your spouse in agreement regarding physical custody?

- Yes No

Are you asking that parenting time be supervised?

- Yes No

Appendix B Parenting Time Schedule

In your own words, what is the parenting time schedule you and the other parent have been following since your separation:

a) Weekends: _____

b) Week nights or after school: _____

c) Holidays: (please specify which holidays) _____

d) School release days: _____

e) Birthdays: _____

f) Summers: _____

g) Telephone Contact: _____

h) Other: _____

Do you wish to continue this parenting time schedule permanently?

Yes No

If no, please describe your preferred parenting time schedule on the next page.

What is your ideal parenting time schedule, if it is different from what you are doing now?

a) Weekends: _____

b) Week nights or after school: _____

c) Holidays: (please specify which holidays) _____

d) School release days: _____

e) Birthdays: _____

f) Summers: _____

g) Telephone Contact: _____

h) Other: _____

Are you and the other parent in agreement with this schedule?

Yes

No