

CUSTODY INFORMATION SHEET

DATE: _____

1. NAME: _____
 First Middle Last Maiden

2. ADDRESS (Street & Mailing):

Physical: _____

Mailing: _____
 City County State Zip

3. HOME PHONE: _____ **BUS. PHONE:** _____

CELL PHONE: _____ **OTHER PHONE:** _____

EMAIL ADDRESS: _____

4. ANY RESIDENTS IN YOUR HOUSE:

NAME (FIRST, MIDDLE, LAST)	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. NAME(S) OF CHILD(REN) YOU SEEK CUSTODY OF:

NAME (FIRST, MIDDLE, LAST)	DATE OF BIRTH	AGE	SSN	CUSTODIAN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. STATISTICAL INFORMATION:

A) Self:

1. Date of Birth: _____
2. Place of Birth: _____
3. Social Security Number: _____
4. Education: _____

B) Parents of child(ren) at issue of this Custody Action:

1. Biological Father: _____
 - Present Address: _____
 - Date of Birth: _____
 - Place of Birth: _____
 - Social Security Number: _____
 - Education: _____
2. Biological Mother: _____
 - Present Address: _____
 - Date of Birth: _____
 - Place of Birth: _____
 - Social Security Number: _____
 - Education: _____

7. List all addresses at which the children have lived in the past five (5) years and the person(s) with whom they lived:

8. If there have been prior proceedings, concerning custody of the children, please list the date, type of action, the county of such action, the Civil Action File Number, and the present status of such action:

9. Do any persons besides the parties claim any right to custody of or visitation with the minor children? If so, list who, and the reasons for such claim:

10. Describe the circumstances and conditions for the basis that you believe a change of child custody is needed:

11. List witnesses who will testify for you.

NAME ADDRESS (HOME/WORK) TELEPHONE

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How did you learn about our office? _____

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Signature

Today's date