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Child Custody Intake Form

Date Completed: _____ I am the: (Father // Mother)

Your name: _____ Date of birth: _____

Phone: _____ Cell: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Move-in Date: _____

Place of Birth: _____ High School: _____ College: _____

Graduate School: _____ Trade School: _____ Military: _____

Religion: _____ Hobbies: _____

Drug & Alcohol usage & frequency: _____

Have you ever been arrested? (Yes No) If yes, when and why? _____

Is there any history of Domestic Violence? (Yes No)

Has there ever been a PFA (Yes No) If yes, who was the PFA against? (Opposing Party Me)

If Currently Married:

Spouse's Name: _____ Place of Marriage: _____

Date of Marriage: _____ Separation Date: _____ Years Married: _____

Members of your Household

Name	Relationship	Age	Education	Arrests
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous addresses

Address	Year(s)
_____	_____
_____	_____

Your Employment

Current Employer: _____ Income: _____

Address: _____

Position & Job responsibilities: _____

Date of Hire: _____ Length of time at employer: _____

Schedule: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Do you work full time? (Yes No) If no, why are you not working full-time? _____

Previous Employer: _____ Income: _____

Address: _____

Position & Job responsibilities: _____

Date of Hire: _____ Separation Date: _____

Reason for Separation: _____

Previous Employer: _____ Income: _____

Address: _____

Position & Job responsibilities: _____

Date of Hire: _____ Separation Date: _____

Reason for Separation: _____

Opposing Party (Father // Mother)

Name: _____ Date of birth: _____

Maiden and/or other last names: _____, _____, _____

Phone: _____ Cell: _____ Email: _____

Address: _____

Place of Birth: _____ High School: _____ College: _____

Graduate School: _____ Trade School: _____ Military: _____

Religion: _____ Hobbies: _____

Drug & Alcohol usage & frequency: _____

Has this party ever been arrested? (Yes No) If yes, when and why? _____

If Party is Currently Married:

Spouse's Name: _____ Place of Marriage: _____

Date of Marriage: _____ Separation Date: _____ Years Married: _____

Members of Opposing Party's Household

Name	Relationship	Age	Education	Arrests
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Previous addresses

Address	Year(s)
_____	_____
_____	_____

Opposing Party's Employment

Current Employer: _____ Income: _____

Address: _____

Position & Job responsibilities: _____

Date of Hire: _____ Length of time at employer: _____

Schedule: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____

Does this party work full time? (Yes No) If no, why are they not working full-time? _____

Previous Employer: _____ Income: _____

Address: _____

Position & Job responsibilities: _____

Date of Hire: _____ Separation Date: _____

Reason for Separation: _____

Previous Employer: _____ Income: _____

Address: _____

Position & Job responsibilities: _____

Date of Hire: _____ Separation Date: _____

Reason for Separation: _____

Children Subject to Litigation

Joint Children (list oldest first)

Name	Gender	Age	D.O.B.	Resides with
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

List all addresses where the child(ren) have lived for the past 5 years:

Dates	Whom child(ren) lived with	Address (street, city, state)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you want the opposing party(s) to have joint legal custody? (Yes No)

Do you want the opposing party(s) to have visitation? (Yes No)

Do you want the opposing party(s) to have supervised visitation? (Yes No)

Were you ever married to the opposing party? (Yes No) If yes, date of divorce: _____

Is there currently a custody Order in place? (Yes No) If yes, the docket # is: _____

Please briefly describe your understanding of the Order:

Is there a child support Order in place? (Yes No)

If yes, who pays? _____ How much monthly? _____

Is support in arrears? (Yes No) If yes, by how much? _____

Who carries medical/dental insurance for the child(ren)? _____ Monthly Expense? _____

Are there childcare expenses? (Yes No) If yes, who pays? _____ Monthly \$? _____

Has there ever been CYS involvement with the child(ren)? (Yes No)

Has there ever been a PFA involving the child(ren)? (Yes No)

Child(ren) Subject to Litigation (Continued)

Please list child 1's present:

Religion: _____ Hobbies: _____

Sports: _____ Best Friend: _____

Doctor (Name, Address & Phone): _____

Dentist (Name, Address & Phone): _____

School (Name, Address & Phone): _____

Child care provider (Name, Address & Phone): _____

(If different than Child 1) Please list child 2's present:

Religion: _____ Hobbies: _____

Sports: _____ Best Friend: _____

Doctor (Name, Address & Phone): _____

Dentist (Name, Address & Phone): _____

School (Name, Address & Phone): _____

Child care provider (Name, Address & Phone): _____

(If different than Child 1) Please list child 3's present:

Religion: _____ Hobbies: _____

Sports: _____ Best Friend: _____

Doctor (Name, Address & Phone): _____

Dentist (Name, Address & Phone): _____

School (Name, Address & Phone): _____

Child care provider (Name, Address & Phone): _____

(If different than Child 1) Please list child 4's present:

Religion: _____ Hobbies: _____

Sports: _____ Best Friend: _____

Doctor (Name, Address & Phone): _____

Dentist (Name, Address & Phone): _____

School (Name, Address & Phone): _____

Child care provider (Name, Address & Phone): _____

Child(ren) Not Subject to Current Litigation

Your children from other relationships

Name	Gender	Age	D.O.B.	Religion	Resides with
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your significant other's child(ren)

Name	Gender	Age	D.O.B.	Religion	Resides with
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Opposing Party's other Children:

Name	Gender	Age	D.O.B.	Religion	Resides with
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Children of Opposing Party's Significant Other:

Name	Gender	Age	D.O.B.	Religion	Resides with
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Custody Questionnaire

Please explain what you believe an ideal custody arrangement would look like to you:

Are there any special needs and/or diagnosis of the child(ren)? If yes, please explain:

Do you have a disagreement with the other party regarding the child(ren)'s religion, schooling, extra-curricular activities, health-care or other issues relating to Legal Custody? If yes, please explain.

Please describe your home:

Owner in Full Mortgage Rented by you Owned/Rented by: _____

of Bedrooms: _____ # of Bathrooms: _____ # of Living Rooms: _____ # of Dining Rooms: _____

Other rooms: _____, _____, _____

Basement: (Finished Unfinished None) Walk-in Attic: (Finished Unfinished None)

Pool: (Yes No) Garage: (Yes No) Gated Community: (Yes No)

Please describe other party's home:

Owner in Full Mortgage Rented by them Owned/Rented by: _____

of Bedrooms: _____ # of Bathrooms: _____ # of Living Rooms: _____ # of Dining Rooms: _____

Other rooms: _____, _____, _____

Basement: (Finished Unfinished None) Walk-in Attic: (Finished Unfinished None)

Pool: (Yes No) Garage: (Yes No) Gated Community: (Yes No)