

## Custody/Child Support Intake Form

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street number and name

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long in IL: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_  
Street number and name

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer (Name and Address): \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Who may we contact if we cannot get a hold of you?

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### Opposing Party's Information

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street number and name

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long in IL: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



School(s) (name and address): \_\_\_\_\_

\_\_\_\_\_

Child Care Provider(s) (names and addresses): \_\_\_\_\_

\_\_\_\_\_

Child Recreational Activities: \_\_\_\_\_

\_\_\_\_\_

**OTHER INFORMATION:**

Were you ever married to the opposing party? \_\_\_\_\_ If yes, date of divorce: \_\_\_\_\_

Is there a current order in place? \_\_\_\_\_ Did you bring a copy of the Order Y N

If not, please briefly describe what the order states: \_\_\_\_\_

\_\_\_\_\_

Has paternity been established? Y N Is child support currently being paid? Y N

By Whom? \_\_\_\_\_ How much each month? \_\_\_\_\_

Is the opposing party currently behind in child support? Y N By how much? \_\_\_\_\_

Who carries medical/dental insurance on child(ren)? \_\_\_\_\_ Mthly expense? \_\_\_\_\_

Are there childcare expenses? If so, how much? \_\_\_\_\_ Who pays? \_\_\_\_\_

Gross monthly wages for him: \_\_\_\_\_ Gross monthly wages for her: \_\_\_\_\_

Do you want the opposing party to have joint legal custody? Yes \_\_\_ No \_\_\_

Do you want the opposing party to have visitation: Yes \_\_\_ No \_\_\_

If no, do you want to opposing party to have supervised visitation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody (i.e. birthdays):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your children's present:

Religion: \_\_\_\_\_

Doctor (name and address): \_\_\_\_\_

Dentist (name and address): \_\_\_\_\_

Other Medical (name and address): \_\_\_\_\_

School(s) (name and address): \_\_\_\_\_

\_\_\_\_\_

Child Care Provider(s) (names and addresses): \_\_\_\_\_

\_\_\_\_\_

Child Recreational Activities: \_\_\_\_\_

\_\_\_\_\_

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