

FAMILY INTAKE FORM

Date Form Completed _____

Client Questionnaire
Domestic Relations - Child Custody, Support, Visitation

Name: _____

Nicknames/Aliases: _____

Age: _____ Date of Birth: _____

Address: _____

Length of time at this address? _____

With whom do you live at this address? Provide name and relationship of each individual. _____

Previous Addresses (from latest to earliest):

<i>Address</i>	<i>From (date)</i>	<i>To (date)</i>
_____	_____	_____

Highest Level of Education Completed: ____ Name of School: _____

Are you currently enrolled as a student in any school? Check one. Yes No

If student: _____

Name of School	City	State	Grade Level
_____	_____	_____	_____

Have you ever been a member of the armed forces? Check one. Yes No If yes:

Branch of Service	Date of Discharge	Type of Discharge	Highest Rank	Honors
_____	_____	_____	_____	_____

Job: _____

Employer's Address: _____

Kind of work _____

Employer's Name _____

Length of time with this employer? _____

Amount presently earned per month? _____

Previous Jobs (from latest to earliest):

<i>Job/Employer</i>	<i>From (date)</i>	<i>To (date)</i>	<i>Monthly Salary</i>
_____	_____	_____	_____

If unemployed: Since when unemployed? _____

Receiving unemployment compensation? Check one. Yes No

Amount per month? _____

Do you have any other source of income than your job? Check one. Yes No

If yes, what is the source and how much do you receive per month? _____

Have you ever been convicted of a felony or crime involving moral turpitude? Check one. Yes No. If so, provide additional details. _____

Information on Other Parent (or other opposing party)

Name: _____

Nicknames/Aliases: _____

Age: _____ Date of Birth: _____

Address: _____

Length of time at this address? _____

With whom does the other parent or opposing party live at this address? Provide name and relationship of each individual. _____

Previous Addresses (from latest to earliest):

<i>Address</i>	<i>From (date)</i>	<i>To (date)</i>
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Highest Level of Education Completed: ____ Name of School: _____

Is the other parent or opposing party currently enrolled as a student? Check one. Yes No

If student: _____

<i>Name of School</i>	<i>City</i>	<i>State</i>	<i>Grade Level</i>
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Job: _____

<i>Kind of work</i>	<i>Employer's Name</i>
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Employer's Address: _____

Length of time with this employer? _____

Amount presently earned per month? _____

Previous Jobs (from latest to earliest):

<i>Job/Employer</i>	<i>From (date)</i>	<i>To (date)</i>	<i>Monthly Salary</i>
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If unemployed: Since when unemployed? _____

Receiving unemployment compensation? Check one. Yes No

Amount per month? _____

Does the other parent or opposing party have any other source of income than this job? Check one. Yes No If yes, what is the source and how much does he/she receive per month?

Has the other parent or opposing party ever been convicted of a felony or crime involving moral turpitude? Check one. Yes No. If so, provide additional details. _____

Children's Information

Children of this Marriage/Relationship: Please list.

Name	Date of Birth	School/Day Care
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children of Previous Marriage/Relationship: Please list (indicate if adopted by spouse).

Name	Date of Birth	School/Day Care	Other Parent
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the above children have extraordinary medical or dental needs? Check one. Yes No. If yes, describe fully. _____

Are there any questions about the paternity of any of the above children? Check one. Yes No. If yes, provide details. _____

Are any legal proceedings pending regarding any of the above children, either in Virginia or elsewhere? Check one. Yes No. If yes, provide details. _____

Does anyone besides the other parent claim to have custody or visitation rights with respect to the child? Check one. Yes No. If yes, explain fully. _____

Other Information:

Place of Marriage (if applicable): _____ Date: _____

Do you and the other parent currently live together? Check one. Yes No.

If no, date of separation: _____ Who Left? _____

Place of Last Residence Together: _____

How long have you and the other parent resided in Virginia? _____

Have you or the other parent previously filed a divorce suit, suit for annulment or suit for support or child custody? Check one. Yes No. If yes, who filed? _____

What type of lawsuit? _____ When filed? _____

Where filed? _____

How did the suit end? _____

Your previous attorney? _____

The other parent's previous attorney? _____

Have you or the other parent participated in any type of counseling concerning the children, either individually or jointly? Check one. Yes No. If yes, describe. _____

Have you reached any written agreement with the other parent or party concerning custody, visitation, child support, spousal support, or property issues? Check one. Yes No. If yes, please provide a copy.

Do either you or the other parent or party have any significant medical problems? Check one.
 Yes No. If yes, provide details.

Potential Witnesses (including event witnesses and character witnesses):

<i>Name</i>	<i>Address (physical and mailing)</i>	<i>Phone Number</i>	<i>Facts Known</i>
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Note: Use additional space below for any incomplete answers above.