

**INITIAL CONSULTATION QUESTIONNAIRE – NONPARENT SEEKING CUSTODY**

Today's Date \_\_\_\_\_

CLIENT INFORMATION			
<b>HOW DID YOU HEAR ABOUT OUR OFFICE?</b>			
Full Name(s):			Date of Birth:
Driver's License #:	Social Security #:		Place of Birth:
Physical Address:			
City:	County:	State:	Zip Code:
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
Email Address:			Are you married? <input type="checkbox"/> YES <input type="checkbox"/> NO
PARENT INFORMATION - FATHER			
Full Name(s):			Date of Birth:
Driver's License #:	Social Security #:		Place of Birth:
Physical Address:			
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
PARENT INFORMATION - MOTHER			
Full Name(s):			Date of Birth:
Driver's License #:	Social Security #:		Place of Birth:
Physical Address:			
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
CHILDREN THE SUBJECT OF THIS SUIT			
Full Name:			Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #:	Place of Birth:
Full Name:			Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #:	Place of Birth:
Full Name:			Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security #:	Place of Birth:
OTHER INFORMATION			
Cause Number:	Date of Last Order:	County of Last Order:	