



THE THOMAS SMITH FIRM, P.C.

CUSTODY AND SUPPORT INTAKE QUESTIONNAIRE

Referred by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please review and complete this questionnaire to prepare for your family law consultation:

CLIENT INFORMATION

Your full legal name: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Honorific: Mr. Mrs. Ms. Mx. Dr. (circle)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Do you prefer to be contacted by Email or US Mail? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

How many years lived in PA: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Maiden name \_\_\_\_\_

Present Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Relationship to Child/ren is: Mother or Father (circle)

Client is: Married or Unmarried (circle) If married, to whom: \_\_\_\_\_

Do you have child/ren with any other person? If so, please state:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

CHILD/REN INFORMATION

With regard to the child/ren in question, please state:

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

In the past five years, where, when, and with whom have the above listed Child/ren lived:

Address:	With Whom They Are Living:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there been any Court proceedings in another county or state?

Y or N (circle) If so, where: \_\_\_\_\_

Is there an Order: Y or N (circle)

Are there currently any other Court proceedings pending: Y or N (circle)

Does anyone else claim to have any custodial rights to Child/ren? Y or N (circle)

If Yes, whom: \_\_\_\_\_

**OPPOSING PARTY'S INFORMATION**

**NOTE:** Our office will not contact opposing party without your consent.

Opposing party's full legal name: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Honorific: Mr. Mrs. Ms. Mx. Dr. (circle)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

How many years lived in PA: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Maiden name \_\_\_\_\_

Present Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Salary: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Opposing counsel: \_\_\_\_\_

Relationship to Child/ren is: Mother or Father (circle)

Opposing party is: Married or Unmarried (circle) If married, to whom: \_\_\_\_\_

Does opposing party have child/ren with any other person? If so, please state:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_