

CUSTODY & SUPPORT INTAKE

Referred by: _____ Today's Date: _____

I. Client Information

CLIENT Name: _____

Address: _____

Phone Number: _____ **Email:** _____

Date of Birth: _____ **Social Security #:** _____

How many years lived in PA: _____ **Present Employer:** _____

Salary: _____ **Position/Title:** _____

Relationship to Child/ren is Mother/Father (please circle one)

Client is married/unmarried (please circle one)

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 _____

II. Child/ren Information

Child's Name: _____

Date of Birth: _____ **Social Security #:** _____

Address:

With Whom They Are Living:

Dates:

THE THOMAS SMITH FIRM, P.C.
780 NEWTOWN-YARDLEY ROAD, SUITE 310A, NEWTOWN, PA 18940

TIFFANY M. THOMAS-SMITH
*MEMBER OF PA AND NJ BAR

215-860-3747 PHONE
215-860-3758 FAX

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Address: With Whom They Are Living: Dates:

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Address: With Whom They Are Living: Dates:

Child's Name: _____

Date of Birth: _____ Social Security #: _____

Address: With Whom They Are Living: Dates:

Have there been any Court proceedings in another county or state: Yes No

If so, where: _____

Is there an Order: Yes No

Are there currently any other Court proceedings pending: Yes No

Does anyone else claim to have any custodial rights to Child/Children Yes No

If Yes, whom: _____

TIFFANY M. THOMAS-SMITH
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III. Opposing Party Information

Name: _____

Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ Social Security #: _____

How many years lived in PA: _____ Present Employer: _____

Salary: _____ Position/Title: _____

Opposing Counsel: _____

Relationship to Child/ren is Mother/Father (please circle one)

Opposing Party is married/unmarried (please circle one).

If married, to whom: _____

Does the 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 _____

IV. Additional Information
