

## CUSTODY WORKSHEET

Date: \_\_\_\_\_

### Self:

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

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

Place of Birth (City, County, State): \_\_\_\_\_ Race: \_\_\_\_\_

### Opposing:

Name: \_\_\_\_\_

Address: \_\_\_\_\_, (city) \_\_\_\_\_, (state) \_\_\_\_\_ (zip) \_\_\_\_\_

County of Residence: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Employer: \_\_\_\_\_

Tel: \_\_\_\_\_ Address \_\_\_\_\_

SSN#: \_\_\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_

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

Place of Birth (City, County, State): \_\_\_\_\_ Race: \_\_\_\_\_

### Minor Children:

(1) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: M/F

SSN#: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: M/F

SSN#: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: M/F

SSN#: \_\_\_\_\_

(4) Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: M/F

SSN#: \_\_\_\_\_

\*\*\*\* Please be sure to ask about the mandatory Parenting Class for all family cases involving children.