

**CHILD CUSTODY / CHILD SUPPORT  
INTERVIEW FORM**

**CLIENT INFORMATION:**

Client's Name: \_\_\_\_\_

Client's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Client's phone: office: \_\_\_\_\_ ext.: \_\_\_\_\_

fax: \_\_\_\_\_ hours: \_\_\_\_\_

employer's name: \_\_\_\_\_

home: \_\_\_\_\_ time to call: \_\_\_\_\_

cell: \_\_\_\_\_

Client's email: \_\_\_\_\_

Client's S.S.#: \_\_\_\_\_

Client's D.O.B.: \_\_\_\_\_

Has any other attorney represented client in this matter? \_\_\_\_\_

If so, provide Name, Address & Phone Number of prior attorneys.

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

How did you hear about our firm? \_\_\_\_\_

**INTERVIEW QUESTIONS:**

Mother's Information

1. Name, if different then above: \_\_\_\_\_

2. Address, if different then above: \_\_\_\_\_

3. Current marital status:  
\_\_Married \_\_Separated \_\_Divorced \_\_Single

Marital status at time of conception: \_\_\_\_\_

4. Names and ages of any other children that Mother is currently responsible for: \_\_\_\_\_

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5. What are Mother's current living arrangements (own/rent, who resides in residence, etc.):\_

\_\_\_\_\_

6. SSN, if different then above:\_\_\_\_\_

7. DOB, if different then above:\_\_\_\_\_

8. Place of employment:\_\_\_\_\_

9. Address:

\_\_\_\_\_

\_\_\_\_\_

10. Occupation: \_\_\_\_\_

11. Gross Income: \_\_\_\_\_

12. Benefits: \_\_\_\_\_

Father's Information

13. Name:\_\_\_\_\_

14. Address:\_\_\_\_\_

\_\_\_\_\_

15. Phone: (Home)\_\_\_\_\_(Work)\_\_\_\_\_

16. Name of Employer:\_\_\_\_\_

17. Employment address:

\_\_\_\_\_

\_\_\_\_\_

18. Approximate income (gross):\_\_\_\_\_

19. Benefits:\_\_\_\_\_

20. SSN:\_\_\_\_\_

21. DOB:\_\_\_\_\_

22. Current marital status:  
\_\_Married \_\_Separated \_\_Divorced \_\_Single

Marital status at time of conception: \_\_\_\_\_

23. Names and ages of any other children that Father is currently responsible for:\_\_\_\_\_

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24. Did father ever admit to being the father of the child(ren): \_\_\_\_\_  
Is he listed on the birth certificate? \_\_\_\_\_

25. Did father pay for any costs associated with the pregnancy or birth:  
\_\_Yes \_\_No. If yes, what did father pay for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Has father paid any other monies toward the support of the child(ren) since the birth: \_\_Yes \_\_  
No. If yes, specify how much and what was paid: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child(ren) Information

27. Child(ren) born of this relationship:

Name	Birthdate	Date of conception
_____	_____	_____
_____	_____	_____

28. Mother's Relationship to child(ren)'s father (i.e. were you married,  
living together, dating...): \_\_\_\_\_

29. Where was/were the child(ren) born:

Hospital: \_\_\_\_\_ Hospital \_\_\_\_\_

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

(Client should provide copies of birth certificate and birth expense bills)

30. Where do child(ren) attend childcare and who are their teachers: \_\_\_\_\_  
\_\_\_\_\_

31. Where do child(ren) attend school, how long have they attended that school, what grade are  
children in and who are their teachers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38. How are child(ren)'s grades: \_\_\_\_\_  
39. What extracurricular activities do the child(ren) participate in:  
\_\_\_\_\_

40. Do(es) child(ren) have any physical, mental or emotional disabilities:

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41. Do you have reason to believe there will be a dispute as to the custody of your minor child(ren):  Yes  No.

If yes, what will be the basis for the dispute over custody:

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42. Do you want:  Sole Custody  Joint Custody

43. What would you propose as a visitation schedule:

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Support Obligations

44. Amount of support for child(ren): \$\_\_\_\_ per \_\_\_\_\_

45. Who will cover medical insurance for child(ren): \_\_\_\_\_

46. How will uncovered medical expenses be divided: \_\_\_\_\_

47. Who will receive dependency exemption for child(ren): \_\_\_\_\_

48. Who will pay for childcare/private school for child(ren): \_\_\_\_\_

Miscellaneous

49. Comments: \_\_\_\_\_

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**CLIENT VERIFICATION:**

The undersigned client in the above referenced matter, states that he/she has helped prepare the above entitled form and has reviewed the completed form and certifies that the information provided is true and correct.

Dated: \_\_\_\_\_

CLIENT

**\*COMPLETING THIS FORM DOES NOT CREATE AN ATTORNEY/CLIENT RELATIONSHIP. THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY. \***