Law Office of Gabriel J. Christian & Associates, LLC 3060 Mitchellville Road Suite 216

Bowie, Maryland 20716 (301) 218-9400 Ofc. (301) 218-9406 Fax

CHILD CUSTODY INTAKE FORM

Please complete this questionnaire as completely and accurately as you can. Where appropriate,

•		ents, receipts and other supporting information separately. All information that you held in strict confidence.						
•	your	know an answer please write a question mark (?), if an answer does not case please write N/A. Please do not leave answers blank. Please						
1.	. Personal Information:							
	a. Name:							
	b. Date of Birth:							
	C.	Place of Birth:						
	d.	Social Security Number:						
	e.	Driver's License Number:State:						
	Email address(es):							
	g.	May we communicate with you via email?						
	h.	How do you prefer that we communicate with you?						
2.	Wher	e are you living now?						
	a. Address:							
	b.	City, State, Zip:						
	C.	May we send mail to you at this address?						
3.	What	are your telephone numbers?						
	a.	Home: () -						

b.	Cell: () -
C.	Which number do you prefer that we contact you?
4. Plea	se complete the following concerning your employment.
a.	Name of Employer:
b.	Length of Employment:
C.	Job Title:
d.	Street Address:
e.	City, State & Zip:
f.	Telephone Number:
g.	Gross salary (monthly/annually): \$/per
5. Des	cribe your education (schools attended, dates attended, degrees obtained):
	se complete the following information about your spouse/ co-parent.
6. Plea	se complete the following information about your spouse/ co-parent. Name:
6. Plea a.	se complete the following information about your spouse/ co-parent.
6. Plea a. b.	se complete the following information about your spouse/ co-parent. Name: Is the child's parent your spouse? Have you ever resided with the child's parent? If yes, when? If yes, when
6. Plea a. b. c.	se complete the following information about your spouse/ co-parent. Name: Is the child's parent your spouse? Have you ever resided with the child's parent? If yes, when? If yes, when separate? Date of birth:
6. Plea a. b. c.	se complete the following information about your spouse/ co-parent. Name: Is the child's parent your spouse? Have you ever resided with the child's parent? If yes, when? If yes, when separate?
6. Plea a. b. c. d. e.	se complete the following information about your spouse/ co-parent. Name: Is the child's parent your spouse? Have you ever resided with the child's parent? If yes, when? If yes, when separate? Date of birth: Place of birth:
6. Plea a. b. c. d. e. f.	se complete the following information about your spouse/ co-parent. Name: Is the child's parent your spouse? Have you ever resided with the child's parent? If yes, when? If yes, when exparate? Date of birth: Place of birth: Social Security Number:
6. Plea a. b. c. d. e. f.	se complete the following information about your spouse/ co-parent. Name:

7. Complete the following concerning your spouse's/ co-parent's employment.

	a.	Name of Employer:			
	b.	Job Title:			
	C.	Street Address:			
	d.	City, State & Zip:			
	e.	Telephone number:			
	f.	Spouse's/ Co-parent's gross salary (monthly/annually): \$ per			
	g.	Length of spouse's/ co-parent's employment:			
8.	Describe your spouse's/ co-parent's education (schools attended, dates attended, degrees obtained):				
9.	If ma	rried please complete the information below			
J.	, p				
	a. b.	Date: City, State:			
	о. С.	Religious or Civil Ceremony?			
	d.	Currently separated or divorced?			
	•				
10.	. Plea	se complete the following about each child of the marriage/ relationship.			
	a.	NAME:			
		SEX:			
		BIRTHDATE:			
		BIRTHPLACE:			
		SOCIAL SECURITY NUMBER:			
	b.	NAME:			
		SEX:			
		BIRTHDATE:			
		BIRTHPLACE:			
		SOCIAL SECURITY NUMBER:			

	c. NAME:
	SEX:
	BIRTHDATE:
	BIRTHPLACE:
	SOCIAL SECURITY NUMBER:
	d. NAME:
	SEX:
	BIRTHDATE:
	BIRTHPLACE:
	SOCIAL SECURITY NUMBER:
11.	Should there be a geographical restriction on where the child(ren) will live? If so, please
	state the geographical area that the children's residence should be restricted to (i.e. in
	which state or county should the child live):
12.	
	Where are the children living at this time?
	Where are the children living at this time? If you could decide, where would you like the children to live? What type of living
	Where are the children living at this time?
	Where are the children living at this time? If you could decide, where would you like the children to live? What type of living schedule/visitation schedule (i.e. where, with whom, and for how long) do you believe is
	Where are the children living at this time? If you could decide, where would you like the children to live? What type of living schedule/visitation schedule (i.e. where, with whom, and for how long) do you believe is
	Where are the children living at this time? If you could decide, where would you like the children to live? What type of living schedule/visitation schedule (i.e. where, with whom, and for how long) do you believe in
	Where are the children living at this time? If you could decide, where would you like the children to live? What type of living schedule/visitation schedule (i.e. where, with whom, and for how long) do you believe is

15.		s your spouse/ co-parent have an attorney? If so, name and telephone			
16		per?			
10.	6. Have you been married before?				
17		how many times?			
17. Do you have children from a previous marriage/relationship?					
		ages/relationships.			
	IIIaIII	ages/relationships.			
	a.	NAME:			
	u.	SEX:			
		BIRTHDATE:			
		BIRTHPLACE:			
		SOCIAL SECURITY NUMBER:			
	b.	NAME:			
		SEX:			
		BIRTHDATE:			
		BIRTHPLACE:			
		SOCIAL SECURITY NUMBER:			
V	Vith wl	nom do these children reside:			
•	*****				
18.	-	ou pay/receive (circle one) child support for the children you are seeking custody			
	If so,	how much do you pay? Did a court order you to pay?			
	Do y	ou pay/receive (circle one)child support for any other children?			
	If so.	how much do you pay? Did a court order you to pay?			

What sea	arch te	erms did you use to locate our website?
		via the Internet, which search engine or directory did you use? (Google, Yahoo, Pages, AOL Yellow Pages, FindLaw, etc.):
If an indiv		referred you, please provide their name, address and telephone number so we car
How wer	e you	referred to this office?
	If so,	, how much? \$ per
20.	. Does	s your spouse pay/receive child support?
		SOCIAL SECURITY NUMBER:
		BIRTHPLACE:
		BIRTHDATE:
	D.	NAME: SEX:
	h	NAME:
		SOCIAL SECURITY NUMBER:
		BIRTHPLACE:
		BIRTHDATE:
		SEX:
	a.	NAME:
	spou	se's/ co-parent's previous marriages/relationships.
		If so, give full name, date and place of birth and sex of each child of
19.	. Do y	our spouse/ co-parent have children from a previous marriage/relationship?

Is there anything else that you would like to discuss or that you believe we should know about you or your case? Are there any specific questions you would like answered today?
