

PARAGON LEGAL, INC.
Jennifer R. Pullar, Esquire
228 South Main Street
Butler, PA 16001
(724) 282-7222
(724) 282-4253 (Fax)

Client: _____
Case No.: _____
F.C. # _____
DRS # _____
PACSES # _____

(If additional space is needed to answer any questions, add additional pages at the end and identify accordingly.)

CONFIDENTIAL CLIENT CUSTODY INTAKE WORKSHEET

PERSONAL INFORMATION:

NAME

| | | | |
|-------|--------|--------|------|
| First | Middle | Maiden | Last |
|-------|--------|--------|------|

PRESENT PHYSICAL ADDRESS

| | | | |
|--------|------|--------------|----------|
| Street | City | County/State | Zip Code |
|--------|------|--------------|----------|

Since what date have you resided there? _____

PREFERRED MAILING ADDRESS IF DIFFERENT FROM ABOVE

| | | | |
|--------|------|--------------|----------|
| Street | City | County/State | Zip Code |
|--------|------|--------------|----------|

PHONE NO. _____

| | | |
|------|------|----------|
| Home | Work | Cellular |
|------|------|----------|

EMAIL ADDRESS _____
Please advise as to whether the email address is a confidential account which you (and not your employer or spouse) are the only person who can access it.

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____

NOTE: IF THERE ARE ANY CHANGES IN THE INFORMATION CONTAINED IN THIS FORM DURING THE COURSE OF OUR REPRESENTATION OF YOU, IT IS YOUR RESPONSIBILITY TO NOTIFY US PROMPTLY IN WRITING.

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PERSONAL INFORMATION OF OTHER PARTY:

NAME

| | | | |
|-------|--------|--------|------|
| First | Middle | Maiden | Last |
|-------|--------|--------|------|

PRESENT PHYSICAL ADDRESS

| | | | |
|--------|------|--------------|----------|
| Street | City | County/State | Zip Code |
|--------|------|--------------|----------|

PREFERRED MAILING ADDRESS IF DIFFERENT FROM ABOVE

| | | | |
|--------|------|--------------|----------|
| Street | City | County/State | Zip Code |
|--------|------|--------------|----------|

PHONE NO. _____

SOCIAL SECURITY NO. _____

DATE OF BIRTH _____

Who do you expect to be other party's attorney?

Name _____

Address _____

Phone No. _____

Are you separated from the other party? _____ If so, what is your date of separation? _____

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FOR EACH OF THE CHILD(REN), STATE:

| <u>Full Legal Name</u> | <u>Date of Birth</u> | <u>Current Address, Previous Addresses and start & end date for each</u> | <u>List all persons with whom the child(ren) resides</u> | <u>State the relationship of the individuals with whom the child(ren) resides</u> |
|------------------------|----------------------|--|--|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |

Were the child(ren) born in wedlock or out of wedlock? _____

Do you know of any other person (not a party to the potential custody matter) who has physical custody of the child(ren) or claims to have custody or visitation rights with respect the child(ren)? _____ If so, please list individual(s): _____

Do any of the child(ren) suffer from any physical or emotional disabilities? If so, explain for each child giving particulars: _____

Do you anticipate any problem with custody/visitation? _____

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What do you seek relative to physical and legal custody of the child(ren)?

What are your thoughts on major holidays and school vacation time?

Has legal custody of these child(ren) ever been determined by a Court? _____

If so state:

Name of Court: _____

Case No.: _____

Date of Custody Order: _____

Provide a copy of most current custody order.

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