## **LOCATION OF APPPOINTMENT:** □ Peoria □ Morton □ Telephone □ Other DATE: How did you hear about us? ☐ Printed Ad ☐ Facebook ☐ Referral from a former client: ☐ Radio ☐ Referral from a friend ☐ Referral from an attorney: ☐ Google Search ☐ I am a previous client ☐ Other (please explain) CLIENT Middle Name - First (Maiden) Last Address - Street City Zip County State Date of Birth State of Birth Age Social Security No. Driver's License No. Years of Schooling Degrees, Certificates, etc. Length of Residence in Illinois Number of Previous Marriages How Each Ended (divorce, death, etc.) **Client Phone Numbers:** Home Work Cell Client Email: (For Office Use Only): Full Conflict Check Completed By: OTHER PARENT OF CHILD/CHILDREN Name - First Middle (Maiden) Last Address - Street County City State Zip Driver's License No. Date of Birth State of Birth Age Social Security No. Hair Color License Plate No. Height Weight Race Eye Color Degrees, Certificates, etc. Years of Schooling Length of Residence in Illinois Number of Previous Marriages How Each Ended (divorce, death, etc.)

**CUSTODY INFORMATION SHEET** 

Date of former Marriage	Place (City)	(Coun	nty)	(State	e)
Date of Divorce	Number of Living Children		Number of Living Children Under Age 18		
<u>CHILDREN</u>					
FULL NAME		DATE OF B	IRTH AGE	SOCIAL SE	ECURITY NO
1					
2.					
3.					
4.					
5.					
5.	MISE/SICNIEIC	CANTOTHED			
5.	OUSE/SIGNIFIC	CANT OTHER			
5.  YOUR CURRENT SPO	OUSE/SIGNIFIC	CANT OTHER  Last			
YOUR CURRENT SPO				(Maiden) State	Zip
YOUR CURRENT SPO	Middle	Last			
5.  YOUR CURRENT SPO	Middle	Last	ocial Security No	State	
YOUR CURRENT SPO  Name - First  Address - Street	Middle  County	Last	ocial Security No	State	Zip
YOUR CURRENT SPO	Middle  County	Last	ocial Security No	State  Driver'	Zip
YOUR CURRENT SPO  Name - First  Address - Street  Date of Birth	Middle  County  State of Birth	Last City  Age So  Hair Color	Eye Color	State  Driver'	Zip s License No. Plate No.

## **EMPLOYMENT INFORMATION** Employer Address Length of Employment Position Frequency of pay period Gross Earnings per Pay Period Net Earnings per Pay Period Frequency of Award Bonuses, Profit Sharing, etc. OTHER PARENT'S EMPLOYMENT INFORMATION Employer Address Length of Employment Position Gross Earnings per Pay Period Net Earnings per Pay Period Frequency of pay period Bonuses, Profit Sharing, etc. Frequency of Award **RELATED QUESTIONS**: A. Are you currently receiving parenting time? If Yes, please list details B. Is the other parent receiving parenting time? If Yes, please list details C. Were you married to your child's/children's father/mother? D. Why do you feel a change in custody is necessary?

E. Are you curren	ntly receiving or paying child sup	port?	
Receive payr	ments from whom?	Amount	Frequency
Make payme	ents to whom?	Amount	Frequency
F. Are you curren	ntly receiving or paying maintena	ance?	
Receive payments from whom?		Amount	Frequency
Make payments to whom?		Amount	Frequency
G. Have there be	een any Court Orders custody/par	enting time?	
If Yes, when and	I what was ordered?		
Date:	Details:		
Date:	Details:		
Date:	Details:		
H. What is the st	ate of your health?		
I. Current Custo	ody Issues:		
J. Other Issues:_			
	FOI	R OFFICE USE	
ISSUES TO BE ADDRESSED:			
DOCUMENTS DRAFT:	ТО		

Page 4 of 4

Copyright 2021

Butler, Giraudo & Meister, P.C.