

PARENTING TIME INFORMATION SHEET

LOCATION OF APPOINTMENT: Peoria Morton Telephone Other DATE: _____

How did you hear about us?

Radio Printed Ad Facebook Referral from a former client: _____
 Referral from an attorney: _____ Referral from a friend _____
 Google Search I am a previous client Other (please explain) _____

CLIENT

Name - First _____ Middle _____ Last _____ (Maiden) _____

Address - Street _____ County _____ City _____ State _____ Zip _____

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 _____ Last _____ (Maiden) _____

Address - Street _____ County _____ City _____ State _____ Zip _____

Date of Birth _____ State of Birth _____ Age _____ Social Security No. _____ Driver's License No. _____

Height _____ Weight _____ Race _____ Hair Color _____ Eye Color _____ License Plate No. _____

Years of Schooling _____ Degrees, Certificates, etc. _____ Length of Residence in Illinois _____

Number of Previous Marriages _____ How Each Ended (divorce, death, etc.) _____

Date of former Marriage Place (City) (County) (State)

Date of Divorce Number of Living Children Number of Living Children Under Age 18

CHILDREN

FULL NAME DATE OF BIRTH AGE SOCIAL SECURITY NO.

1. _____
2. _____
3. _____
4. _____
5. _____

YOUR CURRENT SPOUSE/SIGNIFICANT OTHER

Name - First Middle Last (Maiden)

Address - Street County City State Zip

Date of Birth State of Birth Age Social Security No. Driver's License No.

Height Weight Race Hair Color Eye Color License Plate No.

Years of Schooling Degrees, Certificates, etc. Length of Residence in Illinois

Number of Previous Marriages How Each Ended (divorce, death, etc.)

EMPLOYMENT INFORMATION

Employer	Address	
Position	Length of Employment	
Gross Earnings per Pay Period	Net Earnings per Pay Period	Frequency of pay period
Bonuses, Profit Sharing, etc.	Frequency of Award	

OTHER PARENT'S EMPLOYMENT INFORMATION

Employer	Address	
Position	Length of Employment	
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. Are you currently receiving or paying child support?

Receive payments from whom?

Amount

Frequency

Make payments to whom?

Amount

Frequency

D. Are you currently receiving or paying maintenance?

Receive payments from whom?

Amount

Frequency

Make payments to whom?

Amount

Frequency

E. What is the state of your health?

F. Current Parenting Time Problems:

G. Other Issues:

FOR OFFICE USE

ISSUES TO BE
ADDRESSED:

DOCUMENTS TO
DRAFT: