



## Custody/Paternity Client Information Form

Please Complete this form **as completely as possible** and return it to the address or email below.  
Representation **will not begin** until this form, fee agreement, and retainer are returned.

Date Completed:

### Client's Personal Contact Information

Full Name (including middle name):

Aliases /Former Names:

Home/Mailing Address:

Telephone No.: Home:  Work:  Cell:

*May we contact you at work?*  *Yes*  *No* *If yes, what are your normal work hours?*

Email (Optional):  Fax:

*Preferred Method of Contact:*  *Home Phone*  *Cell Phone*  *Work Phone*  *Email*

*I have received court paperwork on this matter*

### Additional Contact

Name:  Phone No.:  Cell:

Address:

Email:  Relationship:

**Client's Personal Details**

Date of Birth:  SSN:

State/County of Birth:  Drivers' License:

Length of Time in Michigan:  Gender:  Male  Female  Transgender

County of Residence:  Length of Time in County:

Eye Color:  Hair Color:  Race:

Height:  Weight:  Tattoos/Scars:

**Opposing Party's Personal Details**

Full Name (including middle name):

Aliases /Former Names:

Home/Mailing Address:

Telephone No.: Home:  Work:  Cell:

Date of Birth:  SSN:

State/County of Birth:  Drivers' License:

Years in Michigan:  Gender:  Male  Female  Transgender

County of Residence:  Length of Time in County:

Eye Color:  Hair Color:  Race:

Height:  Weight:  Tattoos/Scars:

Who is the other party's attorney (if any)?

**Children**

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

Full Name:  Date of Birth:

Social Security Number:  *Resides with*  *Mother*  *Father*  *Joint*

***Do any of these children have special needs? Please Explain:***

***Where do the children attend school or daycare? Tuition per child per year (if any):***

***Please list each of the addresses where they children have lived in the past 5 years (with dates):***

***Describe any other litigation involving the children? (Including CPS or DHS)***

***Name any other person with custody of the children and their relationship to the children***

### Client's Education History

High School:  Date of Diploma/GED:

College:  Major:  Date of Degree:

Vocational School:  Date of Certification:

Additional Training & Date Received:

### Opposing Party's Education History

High School:  Date of Diploma/GED:

College:  Major:  Date of Degree:

Vocational School:  Date of Certification:

Additional Training & Date Received:

### Client's Employment

Employer's Name & Address:

Supervisor:  Phone No.  FAX:

Position:  Date Hired:

Scheduled Work Hours:

Gross Weekly Income:  *Please list any deductions i.e. Insurance, Union Dues*

If unemployed, what is the last work done?

Dates: from  to  Reason for Leaving:

Former Employer's Name & Address:

**Opposing Party's Employment**

Employer's Name & Address:

Supervisor:  Phone No.  FAX:

Position:  Date Hired:

Scheduled Work Hours:

Gross Weekly Income:  *Please list any deductions i.e. Insurance, Union Dues*

If unemployed, what is the last work done?

Dates: from  to  Reason for Leaving:

Former Employer's Name & Address:

**Client's Memberships/Affiliations (Optional)**

Religious Group:

Union Group:

Civic Group:

Volunteer Work:

**Opposing Party's Memberships/Affiliations (Optional)**

Religious Group:

Union Group:

Civic Group:

Volunteer Work:

**Parentage Information**

**Did the parents sign an Acknowledgment of Paternity?**  Yes  No Date:

Location (Hospital, City, County, State)

**Did the parents sign an Affidavit of Parentage?**  Yes  No Date:

Location (Hospital, City, County, State)

**Has there been an Order of Filiation (Paternity)?**  Yes  No Date:

Location (Court, City, County, State)

**Is the father's name on the Birth Certificate(s)?**  Yes  No

**Was the mother married at the time the child(ren) were conceived or born?**  Yes  No

To whom:  **Is she now divorced?**  Yes  No If yes,

Court:  Case No.:

Case Name:

No **Did the parents live together during the life of the child?**  Yes

Dates:  to  Address:

**Current Matter Information**

**I want to seek:**

Custod  Parenting Time  Child Support  Arrearage  Other:

**Who pays for medical insurance for the children?**  I do  Other Party  Medicare

Child:  Policy No.:  Insurance Provider:

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*Please briefly describe the circumstances:*

*What is your goal in hiring an attorney?*

*Please list any special concerns you may have:*

***Please provide copies of the following documents:***

- All** Prior Orders Regarding the Children
- Affidavit of Parentage
- Acknowledgment of Paternity
- Medical Insurance Cards for Children
- CPS, DHS, or Police Reports Regarding Children

***Please return this completed form,  
along with your Retainer Agreement and payment  
to the address below.***