

Date: _____

CHECK LIST FOR CUSTODY INVESTIGATION

CASE NAME: _____

CASE # _____ **COURT DATE** _____

Your Name: _____

ADDRESS (physical): _____

Email address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Driver's License #: *Attach a copy _____ Exp. Date: _____

Social Security: _____

Date of Birth: _____ Place of Birth: _____

Domestic Violence: ☐ Yes ☒ No

(If yes, please attach a copy of Order)

Do you have an Attorney: ☐ Yes ☒ No

Attorney Information:

Name: _____

Address: _____

Phone: _____

Email and/or Fax: _____