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: _____