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**CUSTODY INTAKE**

DATE OF CONSULTATION \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

**YOUR GENERAL INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_

HAVE YOU BEEN A RESIDENT OF THIS STATE FOR AT LEAST ONE YEAR? IF NO, PLEASE EXPLAIN.

\_\_\_ YES \_\_\_ No, \_\_\_\_\_

**EDUCATION**

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA? \_\_\_ YES \_\_\_ NO

IF SO, WHAT YEAR DID YOU GRADUATE? \_\_\_\_\_

DID YOU RECEIVE A COLLEGE DEGREE? \_\_\_ YES \_\_\_ NO

IF SO, WHERE DID YOU ATTEND? \_\_\_\_\_

IF SO, WHAT YEAR DID YOU GRADUATE? \_\_\_\_\_

IF SO, WHAT COURSE OF STUDY? \_\_\_\_\_

SPECIAL TRAINING (EXPLAIN): \_\_\_\_\_

**YOUR EMPLOYMENT INFORMATION**

NAME OF YOUR EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CURRENT GROSS SALARY OR HOURLY RATE: \_\_\_\_\_

HOW OFTEN ARE YOU PAID? \_\_\_ YEARLY \_\_\_ MONTHLY \_\_\_ BIWEEKLY \_\_\_ WEEKLY

HOURS OF EMPLOYMENT: \_\_\_\_\_

DO YOU PAY UNION DUES? \_\_\_ YES. IF YES, \$ \_\_\_\_\_ AMOUNT \_\_\_ NO

IF YOU HAVE BEEN IN YOUR CURRENT JOB FOR LESS THAN 3 YEARS, LIST PRIOR JOBS FOR PAST 3 YEARS:

YEAR	COMPANY	JOB TITLE	WAGE/SALARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER PARTY'S GENERAL INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

OTHER PARTY'S ATTORNEY (IF KNOWN): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_

HAS THE OTHER PARTY BEEN A RESIDENT OF THIS STATE FOR AT LEAST ONE YEAR? IF NO, PLEASE EXPLAIN.

YES  No, \_\_\_\_\_

EDUCATION

DID THE OTHER PARTY RECEIVE A HIGH SCHOOL DIPLOMA?  YES  NO

IF SO, WHAT YEAR DID YOU GRADUATE? \_\_\_\_\_

DID THE OTHER PARTY RECEIVE A COLLEGE DEGREE?  YES  NO

IF SO, WHERE DID THEY ATTEND? \_\_\_\_\_

IF SO, WHAT YEAR DID THEY GRADUATE? \_\_\_\_\_

IF SO, WHAT COURSE OF STUDY? \_\_\_\_\_

SPECIAL TRAINING (EXPLAIN): \_\_\_\_\_

WILL THE OTHER PARTY COME IN TO PICK UP PAPERS?  YES  NO

IF NO, WHERE CAN WE SERVE PAPERS TO HIM/HER? \_\_\_\_\_

**OTHER PARTY'S EMPLOYMENT INFORMATION**

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER PHONE: \_\_\_\_\_

PRESENT POSITION: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CURRENT GROSS SALARY OR HOURLY RATE: \_\_\_\_\_

HOW OFTEN PAID?  YEARLY  MONTHLY  BIWEEKLY  WEEKLY

HOURS OF EMPLOYMENT: \_\_\_\_\_

DOES THE OTHER PARTY PAY UNION DUES? YES  NO  AMOUNT \_\_\_\_\_

IF THE OTHER PARTY HAS BEEN IN HIS/HER CURRENT JOB FOR LESS THAN 3 YEARS, LIST PRIOR JOBS FOR PAST 3 YEARS, IF KNOWN:

YEAR	COMPANY	JOB TITLE	WAGE/SALARY
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHILDREN**

**CHILDREN BETWEEN YOU AND THE OTHER PARTY**

FULL NAMES, BIRTH DATES AND SOCIAL SECURITY NUMBERS OF CHILDREN BORN BETWEEN YOU AND THE OTHER PARTY.

NAME	DOB	AGE	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DOES PATERNITY NEED TO BE ESTABLISHED OR DISESTABLISHED REGARDING ANY OF THE CHILDREN? IF SO, PLEASE EXPLAIN.

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INSURANCE**

WHO CARRIES HEALTH INSURANCE FOR THE CHILD(REN)? \_\_\_\_ME \_\_\_\_ OTHER PARTY  
AMOUNT PAID PER MONTH FOR HEALTH INSURANCE \_\_\_\_\_

**CHILD CUSTODY**

DO YOU AND THE OTHER PARTY HAVE A CURRENT PARENTING SCHEDULE? IF SO, PLEASE EXPLAIN.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT WOULD YOU LIKE THE PHYSICAL CARE SCHEDULE TO LOOK LIKE?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT WOULD YOU LIKE TO SEE THE HOLIDAY SCHEDULE LOOK LIKE? PLEASE INDICATE WHICH PARTY WOULD HAVE THE CHILD(REN) ON EVEN AND ODD NUMBERED YEARS.

<b>HOLIDAY</b>	<b>TIME</b>	<b>ODD YEARS</b>	<b>EVEN YEARS</b>
EASTER			
MOTHER'S DAY			
MEMORIAL DAY			
FATHER'S DAY			
JULY 4TH			
LABOR DAY			
THANKSGIVING DAY			
CHRISTMAS EVE			
CHRISTMAS			
NEW YEAR'S EVE			
NEW YEAR'S DAY			

**OTHER CHILDREN**

PLEASE LIST THE CHILDREN OF EITHER PARTY WHO ARE NOT CHILDREN BORN BETWEEN THE PARTIES.

NAME	DOB	AGE	SSN
_____			
_____			
_____			
_____			
_____			

**OTHER INFORMATION**

**DOMESTIC ABUSE**

HAS THERE BEEN DOMESTIC ABUSE AT ANY TIME DURING YOUR RELATIONSHIP? PHYSICAL? EMOTIONAL? BOTH? PLEASE DESCRIBE.

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**HEALTH INFORMATION**

ARE THERE ANY EXCEPTIONAL PHYSICAL OR MENTAL HEALTH NEEDS OF ANY OF THE PARTIES? IF SO, PLEASE EXPLAIN.

SELF: \_\_\_\_\_

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OTHER PARTY: \_\_\_\_\_

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