



THE LAW OFFICE OF
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PARENTAGE/CUSTODY/VISITATION
INTAKE FORM

I. PERSONAL INFORMATION

1. FULL NAME: _____
2. MAIDEN NAME (if applicable): _____
3. DATE OF BIRTH (month/date/year): _____
4. IS THERE A PRIOR DIVORCE OR OTHER CASE INVOLVING THE PARTIES? (Case number? Where?) _____
5. RELATIONSHIP TO CHILD? _____
6. Has any other attorney represented you in this matter? Yes No
7. If so, provide Name, Address & Phone Number of prior attorneys.

8. Dates of relationship resulting in the minor child(ren)? From ___/___/___ to ___/___/___
9. Do you have reason to believe there will be a dispute as to custody of your minor child(ren)?
 Yes No

II. PARENTAL INFORMATION

	Your Information	Opposing Party's Information
1. Name?		
2. Address?		
3. Current Marital Status?		
4. Marital Status at the time of Conception?		
5. Names and ages of any other children that party is currently responsible for?		

6. Current Living Arrangements? <i>(rent/own, who lives at residence)</i>		
7. Employment?		
8. Employer Address?		
9. Occupation?		
10. Monthly Income before deductions?		
11. Benefits? <i>(health, dental, vision, life insurance, 401k, etc.)</i>		
12. Vehicle(s)? <i>(Make, model, year, color)</i>		

III. PATERNITY

<i>(check one box)</i>	Yes	No
1. Were you living together at the time of conception?		
2. Did the Father ever admit paternity for the child(ren)?		
3. Was a Voluntary Affidavit of Paternity signed?*		
4. Did the Father pay any costs associated with the child(ren)'s birth?*		

*Please provide copies of documents and birth expense bills

IV. CHILD(REN) INFORMATION

	Name:	Name:	Name:	Name:
1. Gender of the child?				
2. Date of Birth?				
3. Date of Conception?				
4. With whom does child reside?				
5. Relationship				

status at the time of birth?				
6. Hospital and state where child was born?				
7. School of attendance or childcare Provider?				
8. Current grade in school?				
9. How long have they attended this school?				
10. Primary Teacher?				
11. What activities does the child participate in?				
12. Does the child have any physical, mental or emotional challenges?				
13. Is support being paid for the minor child?				
14. If so, how much support is being paid?				
15. Is support voluntary or court ordered?				
16. If support was ordered, is it paid directly to you or through the State?				
17. Who covers medical insurance for the child?				
18. Who has covered medical expenses be provided?				
19. Who has received the IRS dependency exemption for the child?				
20. Who has paid for childcare or private school for the child?				

**Attach extra pages if necessary.*

V. How do the following factors relate to the joint/sole custody of your child(ren):

(Some factors may not be relevant)

BEST INTEREST FACTOR	Relevant Client Notes
1. Wishes of child's parent or parents?	
2. Wishes of the child?	
3. The interaction and interrelationship of the child with his parent or parents, his siblings and any other person who may significantly affect the child's best interest?	
4. The child's adjustment to his home, school, and/or community?	
5. The mental and physical health of all individuals involved?	
6. The physical violence or threat of physical violence by the child's potential custodian, whether directed against the child or directed against another person?	
7. The occurrence of ongoing or repeated abuse whether directed against the child or directed against another person?	
8. The willingness and ability of each parent to facilitate and encourage a close and continuing relationship between the other parent and the child?	
9. Whether one of the parents is a sex offender?	
10. The terms of a parent's military family-care plan that a parent must complete before deployment if a parent is a member of the United States Armed Forces who is being deployed?	

**Attach extra pages if necessary.*

How do you envision visitation?

VI. SOCIAL MEDIA *(Please list all social media in which you participate)*

PLATFORM	YOUR USERNAME	OTHER PARENT'S USERNAME
• Facebook:	_____	_____
• LinkedIn:	_____	_____
• Twitter:	_____	_____
• Snapchat:	_____	_____
• Instagram:	_____	_____
• Pinterest:	_____	_____
• Yelp:	_____	_____
• Other:	_____	_____

VII. MISCELLANEOUS

Are there any additional factors that you feel are important?

CLIENT VERIFICATION:

I, the undersigned, in the above referenced matter, state that I have prepared and reviewed the above entitled document and certify that the information provided is true and correct to the best of my knowledge.

Dated: _____

CLIENT