



Confidential Custody Worksheet

1000 SW Broadway, Suite 1250
Portland, OR 97205
Voice: (503) 546-6374
Fax: (503) 546-6376
TF: (503) 336-9346

OFFICE USE ONLY
Retainer: _____
Costs: _____
Type of Case: _____

Personal Information - Client

Name: _____ Date: _____

Former Legal Names: _____ Race _____

Home Phone: _____ Work Phone _____ Message Phone _____

Cell/Pager _____ Email _____ Fax _____

O.K. to call you at home? Yes No O.K. to call you at work? Yes No

Address: _____ City: _____

State: _____ Zipcode _____ County _____

Mailing Address: *(if different than above)* _____

City _____ State _____ Zipcode _____

Date of Birth _____ Age _____ Place of Birth _____

Do you want your mail addressed "Personal and Confidential"? Yes No

How long have you lived in Oregon? _____

Social Security Number _____ Drivers License Number **ODL** _____

Educational Background *(highest grade completed)* _____

Employer _____ Occupation _____

Business Address _____ City _____

State _____ Zipcode _____ Length of Employment _____

Hours per Week _____ Gross Wage _____ Hourly Wage Monthly

Net _____ Other Sources of Income _____ Amount _____

Name of Nearest Relative _____ Phone _____

Personal Information – Other Parent

Name: _____

Former Legal Names: _____ Race: _____

Home Phone: _____ Work Phone _____ Attorney _____

Address: _____ City: _____

State: _____ Zipcode _____ County _____

Date of Birth _____ Age _____ Place of Birth _____

How long has he/she lived in Oregon or other state? _____

Social Security Number _____ Drivers License Number _____

Educational Background (*highest grade completed*) _____

Employer _____ Occupation _____

Business Address _____ City _____

State _____ Zipcode _____ County _____

Hours per Week _____ Gross Wage _____ Hourly Wage Monthly

Net _____ Other Sources of Income _____ Amount _____

Name of Nearest Relative _____ Phone _____

Children

Please give the full name, age and date of birth of each child for whom you are seeking a custody/paternity determination:

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Full Name: _____ Age: _____ Date of Birth: _____

Has paternity been legally established for this child/these children? Yes No

Explanation (*if any*):

Where have the children lived over the past five years and with whom?

Dates

Addresses

Lived With

Please list your children's Social Security number(s):

Child's Name

Social Security Number

Are you now pregnant? Yes No

Please give the full name, date of birth and age of any other children now living with you:

Full Name

Age

Date of Birth

Child Custody

Who now has physical custody of the child(ren)? _____

Are you seeking custody of the child(ren)? Yes No

Are any of the children adopted? Yes No

Are you now pregnant? Yes No

Are there any restraining orders or any other type of custody action currently in effect or pending, including in another state?
Yes No

If yes, explain: _____

If not seeking custody, do you want visitation? Yes No

If yes, please describe, in detail, the visitation schedule desired. Attach additional sheets, if necessary.

Child Support

Are you paying child support? Yes No If so, amount \$ _____

Are you receiving child support? Yes No If so, amount \$ _____

Have there been any administrative support actions in the past? Yes No

If yes, please explain: _____

Are you receiving any form of public assistance? Yes No

If yes, please explain what form: _____

Other than children, do you have any dependents? Yes No

If so, please list your dependents: _____

Will one of the parties be paying for health insurance for the children?

Yes No If so, which party? Father Mother

Who will pay uninsured medical expenses for the children?

Each payment will pay ½ Father will pay all Mother will pay all

Health of Parties

Is there anything we should know about the mental or physical health of any party to this action? Yes No

If yes, please explain: _____

Do any of your children have exceptional health or dental needs? Yes No

If yes, please explain: _____

Does any child have any special educational needs or problems? Yes No

If yes, please explain: _____

Physical Description of Other Parent:

Height _____ Weight _____ Eye Color _____
Hair Color _____ Facial Hair _____ Glasses _____
Marks, Tattoos _____

Does the other parent have an attorney? Yes No

If yes, please provide Name of Attorney: _____

The other parent may have to be personally served with papers. At what address should he/she be served?

Street Address: _____ City _____ State _____

When is the best time to serve him/her at that address? _____ A.M. P.M.

Please let us know how you were referred to this office.

- Individual referral (*please give name*) _____
- Telephone book/Yellow Pages
- Internet Search
- Other _____