

Elizabeth Rosar Chermack, Attorney at Law

2999 West County Road 42, Suite 201

Burnsville, MN 55306

(952) 491-0390

liz@chermacklaw.com

Intake Form – Custody/Parenting Time/Child Support

Information gathering is a vital part of managing your case and your legal costs. This information you provide is necessary to proceed and to represent your interests. Although the form is long, please fill it out as completely and accurately as possible. As information changes, provide updated information for your file. The questionnaire is confidential and will remain in the possession of Elizabeth Rosar Chermack, Attorney at Law.

- Cross out or skip any section that does not apply to your relationship.
- If you need additional space for an answer, attach additional sheets or use the back of a page.
- If there are restrictions on how I can contact you (ex/ work hours, ability to leave messages, mail, etc.) please note them on this form.
- If there are court actions that involve this relationship (OFP, support, etc.) please provide:
(1) court order (if possible); (2) case number; (3) county in which the action took place;
(4) approximate date of the order (month and year).

Basic Information

How long were you in a relationship?
Did you live together? If yes, since when?
Do you still live together? If no, when did you start living separately?

Your full name (First, Middle, Last):
Former or other name(s):
Address:
Mailing Address:
New Address (as of _____ date):
Social Security Number:
Date of Birth:
Age:
Phone Number:
Email Address:

Other Party's Information

Other Party's full name (First, Middle, Last):
Former or other name(s):
Address:
Mailing Address:
New Address (as of _____ date):
Social Security Number:
Date of Birth:
Age:
Phone Number:
Email Address:

General State of Health:

Are there any mental health, alcohol/chemical dependency use or dependency, or general physical health issues that I should be aware of with you, the other party, or the child(ren)? If yes, please explain:

Support Obligations

Do you or the other party pay child support or spousal maintenance to anyone? If yes, please provide details:

Jurisdiction and Venue

Have you been a resident of Minnesota for more than 6 months?
In which county do you live?
In which county does the other party live?
Will you or the other party be moving out of state in the near future?
Are you or the other party in the military service of the United States?

Joint Children

Child's Name (First, Middle, Last)	Birthdate & Age	Social Security Number	Living with?	Special concerns (Education, behavior, physical)

Is paternity of any of the children an issue?

Is any child under the jurisdiction of a juvenile court or in need of protection?

Are there any children or stepchildren from another relationship who may be affected by this case?

Explain:

Are you or the other party currently pregnant?
Biological father (if known)?

Considering the best interests of the children, indicate who you believe should have:

Legal Custody

- Sole legal custody to _____
- Joint legal custody
- Other (specify):

Physical Custody

- Sole physical custody to _____
- Joint physical custody
- Other (specify):

Describe the parenting time schedule that would work best.

What holiday schedule do you propose? Please list holidays or events that are important to you or the other party.

Do you have concerns about the safety of your child(ren)?

Have you discussed this case with your child(ren)?

Does your child attend a support group or counseling?

Children born or adopted to one party but not the other (non-joint children):

Child's Name	Birthdate & Age	Living with?	Special Concerns <i>Education, Behavior, Physical</i>

Is support court ordered for any of the above children?

Attach copies of any court orders requiring support to be paid for the above children.

Income Information

Attach paycheck stubs if possible. Use back of sheet if needed.

You

Degrees obtained:
Occupation:
Employed by: Number of years: Hours per week:
Address of employer:
Gross salary:
Bonus:
Other sources of income or potential source of income?

Other party

Degrees obtained:
Occupation:
Employed by: Number of years: Hours per week:
Address of employer:
Gross salary:
Bonus:
Other sources of income or potential source of income?

County/State Benefits

Welfare Benefits received by you, the other party, or your children:
County:

(Check all that apply)

- Cash grant (AFDC or MFIP) Amount _____
- Medical Assistance
- Minnesota Care
- Subsidized or sliding fee childcare assistance
- Veterans Administration
- Social Security for _____
- Unemployment Compensation
- Workers' Compensation
- Other, explain

Health Insurance/Dental Insurance

Do you have insurance available through your work?

Does the other party?

Whose insurance are the children covered by?

Client To-Do List

Please provide the following documents to your attorney. If you are not able to obtain or access a document, please let me know. If a document is not relevant to your case, please let me know.

- 1) Your 3 most recent paystubs
- 2) Opposing party's most recent paystubs
- 3) Health insurance cost information from employer
- 4) Dental insurance cost information from employer
- 5) Last 3 years of tax returns

Other Information

1. Are you or the other party currently involved in a lawsuit? Attorney's name? Explain.

2. Is domestic abuse (physical) an issue between you and the other party?

3. Is there an Order for Protection? County?

4. Is there any other information that you want me to know or think that would be helpful for me to know? If yes, please explain:

The information that I have provided in this Intake Form is truthful and a complete account to the best of my knowledge.

Date

Client's signature