



Syndicate Subscription Legal Plans

CHILD CUSTODY **CLIENT INTAKE QUESTIONNAIRE:**

If you or your child are in immediate danger, call 911. National Domestic Violence Hotline: 1-800-799-7233. If you believe the other party may take the child out of state or out of the country, contact us immediately.

CONFIDENTIAL. Courts decide custody based on the best interest of the child, focusing on the child's health, safety, and welfare, and on frequent and continuing contact with both parents when that is safe. Please answer as completely and accurately as you can, including facts that may not seem to help your position. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed and note the question number.

NAME OF THE CLIENT:

☐ Full Legal Name: _____

Syndicate Plan Member ID: _____ **Plan Start Date:** _____

Preferred method of contact:

☐ Phone

☐ Text

☐ Email

Is it safe to contact you at the phone and email listed below?

☐ Yes ☐ No

Safe contact method / times: _____

PART 1 — YOUR GOAL

1.1 Your relationship to the child(ren):

☐ Mother / parent

☐ Father / parent

☐ Grandparent

☐ Other relative / guardian

1.2 What are you seeking? (check all that apply):

☐ Establish custody and visitation orders for the first time

☐ Modify an existing custody order

☐ Enforce an existing order (other party not following it)

☐ Emergency (temporary) orders

☐ Move away / relocate with the child(ren)

☐ Stop the other party from moving with the child(ren)

☐ Respond to papers filed by the other party

☐ Grandparent / relative visitation

☐ Not sure — need advice

1.3 In your own words, what is happening and what outcome do you want for your child(ren)? _____



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PART 2 — CASE INFORMATION

- 2.1 Is there a current family law, custody, or support case? ☐ Yes ☐ No
If yes — Court / County / State: _____
Case Number: _____ Date Filed: _____
Who filed?
☐ Me ☐ The other party
Next hearing / mediation date: _____
- 2.2 Is there an existing custody or visitation order? ☐ Yes ☐ No
If yes — date of order and summary of what it says: _____

Is the order being followed? ☐ Yes ☐ No
If yes, explain: _____

- 2.3 Have you been through custody mediation / recommending counseling? ☐ Yes ☐ No
If yes — date and outcome: _____
- 2.4 Has any other court (another county, state, or country) made custody orders? ☐ Yes ☐ No
If yes, explain: _____

- 2.5 Has Child Protective Services or juvenile court been involved? ☐ Yes ☐ No
If yes, explain: _____

- 2.6 Is there a child support order? ☐ Yes ☐ No
If yes — amount and who pays: \$ _____
- 2.7 Has the other party hired a lawyer? ☐ Yes ☐ No
If yes — Name / Firm / Phone: _____

PART 3 — THE PARTIES

3A You:

Last Name: _____ First: _____ Middle: _____
Other names used: _____ Date of Birth: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Employer: _____ Work Schedule: _____



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3B Other Parent / Party:

Last Name: _____ First: _____ Middle: _____

Other names used: _____ Date of Birth: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Work Schedule: _____

3.1 Your relationship with the other parent:

☐ Married

☐ Registered Domestic Partners

☐ Divorced

☐ Separated

☐ Never married / never registered

Date of marriage / registration (if any): _____ Date of separation: _____

3.2 If never married, how was parentage established?

☐ Married at birth

☐ Voluntary Declaration of Parentage signed

☐ Court judgment of parentage

☐ Not established

☐ Not sure

3.3 Other Adults & Children Living in YOUR Home:

Name	Relationship to You	Age	Relationship to Child(ren)

3.4 Other Adults & Children Living in the OTHER PARTY's Home (if known):

Name	Relationship to Other Party	Age	Concerns?



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PART 4 — THE CHILDREN

Child's Full Name	Date of Birth	Age	School & Grade	Currently Lives With

4.1 Where the Children Have Lived — Last 5 Years:

Courts must know every place each child has lived in the past 5 years and with whom. List the most recent first.

Dates (from – to)	City, State (full address if known)	Child(ren)	Lived With (names / relationship)

4.2 Does any child have special medical, educational, or emotional needs? ☐ Yes ☐ No

If yes, explain: _____

4.3 Is any child in counseling or therapy? ☐ Yes ☐ No

If yes — provider name and phone: _____

4.4 Child(ren)'s pediatrician / doctor: _____

4.5 Activities, sports, and important routines for each child: _____

4.6 Has any child expressed a preference about where to live? (Children 14 and older may generally address the court.) _____

PART 5 — CURRENT ARRANGEMENT & PARENTING HISTORY

5.1 The children currently live primarily with: _____ Since: _____

5.2 Describe the current schedule (weekdays, weekends, overnights, holidays): _____



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5.3 Where and how do exchanges take place? _____

5.4 Communication between you and the other party:

- ☐ Cooperative ☐ Somewhat strained ☐ High conflict
☐ No communication ☐ Through a third party / app only

5.5 Who Has Primarily Handled Each Responsibility?

Responsibility	Mostly Me	Mostly Other	Shared
Daily care (meals, bathing, bedtime)	☐	☐	☐
School drop-off / pick-up	☐	☐	☐
Homework & school communication	☐	☐	☐
Doctor & dental appointments	☐	☐	☐
Extracurricular activities	☐	☐	☐
Discipline	☐	☐	☐
Child care arrangements	☐	☐	☐
Staying home when a child is sick	☐	☐	☐

5.6 Describe your relationship with each child and your involvement in their lives: _____

5.7 Describe the other party's relationship with each child: _____

PART 6 — WHAT YOU ARE ASKING FOR

Legal custody is the right to make major decisions (school, health care, religion). Physical custody is where the children live.

6.1 Legal custody:

- ☐ Joint legal custody ☐ Sole legal custody to me
☐ Sole legal custody to the other party ☐ Not sure

6.2 Physical custody:

- ☐ Joint physical custody (shared time) ☐ Primary physical custody to me
☐ Primary physical custody to the other party ☐ Not sure

6.3 Proposed regular schedule (e.g., alternate weekends, 2-2-3, week-on / week-off, specific days and times):



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6.4 Holidays, birthdays, school breaks, and summer vacation: _____

6.5 Should the other party's time be:

☐ Unsupervised

☐ Supervised visits

☐ Supervised exchanges

☐ No contact

☐ Not sure

If supervised, why and by whom: _____

6.6 Other terms you want included:

☐ Phone / video calls schedule

☐ Travel restrictions / notice

☐ Passport restrictions

☐ Right of first refusal

☐ No alcohol / drug use during custody

☐ Co-parenting app

☐ Parenting classes

☐ Counseling for child(ren)

PART 7 — SAFETY & CONCERNS

Answer for BOTH parties and anyone in either household. A finding of domestic violence within the past 5 years can create a legal presumption against giving custody to the person who committed it. We will discuss details privately.

7.1 Has there been domestic violence, threats, or stalking by either party? ☐ Yes ☐ No

7.2 Is there a current or past restraining order involving either party? ☐ Yes ☐ No

If yes — court, case number, date, and who is protected: _____

7.3 Has any child been abused, neglected, or exposed to violence? ☐ Yes ☐ No

7.4 Does anyone in either home misuse alcohol or drugs? ☐ Yes ☐ No

7.5 Are there mental health concerns affecting either party's parenting? ☐ Yes ☐ No

7.6 Does either party have a criminal history or pending criminal case? ☐ Yes ☐ No

7.7 Are there firearms in either home? ☐ Yes ☐ No

If you answered yes to any question above, explain (who, what, when, police reports, case numbers, witnesses): _____

Child Abduction Risk:

7.8 Has the other party threatened to take or hide the child(ren)? ☐ Yes ☐ No

7.9 Does the other party have strong ties to another state or country? ☐ Yes ☐ No

7.10 Does any child have a passport? Who holds it? ☐ Yes ☐ No

Explain: _____



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PART 8 — RELOCATION (MOVE-AWAY)

8.1 Are you planning to move more than a short distance with the child(ren)? ☐ Yes ☐ No

8.2 Is the other party planning to move with the child(ren)? ☐ Yes ☐ No

Proposed new location: _____ Proposed date: _____

Reason for the move and how contact with the other parent would be maintained: _____

PART 9 — EVIDENCE & WITNESSES

9.1 Documents or records that support your position (texts, emails, school or medical records, photos, police reports, calendars): _____

9.2 Witnesses (teachers, coaches, relatives, neighbors, counselors):

Name	Relationship	Phone / Email	What They Have Observed

PART 10 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

☐ Existing custody / support orders

☐ Papers filed or served in any case

☐ Birth certificates

☐ Declaration / judgment of parentage

☐ School records & report cards

☐ Medical / counseling records

☐ Restraining orders / police reports

☐ CPS reports or letters

☐ Texts / emails with the other party

☐ Calendar of actual parenting time

☐ Photos / proof of involvement

☐ Mediation / evaluation reports



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Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my child custody matter.

Signed and dated this ____ day of _____, 20__

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or
save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.