

# EX PARTE INTAKE FORM (CASES WITH CHILDREN)

<b>Office Use Only</b> <input type="checkbox"/> Change of Custody <input type="checkbox"/> Other <input type="checkbox"/> Initial Custody Order
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## How This Form Will Be Used

This form is **CONFIDENTIAL** and will not be part of the public file in this case. You are required to complete and submit this form to the court. THIS INFORMATION IS FOR OFFICIAL USE ONLY. If you are seeking a custody order, the information you provide will be used by the court to assist the court in conducting a background check on all parties seeking custody of the minor child(ren) subject to this action for the purpose of determining whether to award custody to you. You **must** provide a response to each item.

**\*\*\*\*CONFIDENTIAL\*\*\*\***

**PRINT ONLY**

<b>YOUR INFORMATION</b>			
LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	
OTHER NAMES USED OR NICKNAMES _____			
CASE NUMBER _____			
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
(_____) _____	(_____) _____	(_____) _____	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	OTHER TELEPHONE NUMBER	
DATE OF BIRTH _____	SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER _____	STATE _____
<b>OTHER PARENT</b>			
LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	
OTHER NAMES USED OR NICKNAMES _____			
STREET ADDRESS _____	CITY _____	STATE _____	ZIP CODE _____
SOCIAL SECURITY NUMBER _____	DRIVER'S LICENSE NUMBER _____		STATE _____
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH: _____	OR	HEIGHT: _____ WEIGHT: _____
APPROX. AGE _____			
<b>RACE:</b>			
<input type="checkbox"/> WHITE	<input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC	
<input type="checkbox"/> ASIAN	<input type="checkbox"/> AMERICAN INDIAN	<input type="checkbox"/> PACIFIC ISLANDER	<input type="checkbox"/> Other
<b>EYE COLOR:</b>			
<input type="checkbox"/> BLACK	<input type="checkbox"/> HAZEL	<b>HAIR COLOR:</b>	
<input type="checkbox"/> BLUE	<input type="checkbox"/> GREEN	<input type="checkbox"/> BLACK	<input type="checkbox"/> RED
<input type="checkbox"/> BROWN	<input type="checkbox"/> GRAY	<input type="checkbox"/> BLONDE	<input type="checkbox"/> GRAY
<input type="checkbox"/> BROWN		<input type="checkbox"/> Other	

Name(s) and Date of Birth of your child(ren):	Name: _____	Name: _____	Name: _____
	DOB: _____	DOB: _____	DOB: _____
	Name: _____	Name: _____	Name: _____
	DOB: _____	DOB: _____	DOB: _____

Date: \_\_\_\_\_ (Type or print name) \_\_\_\_\_ (Signature)

<b>FOR OFFICE USE ONLY</b> Received by: _____ Date: _____
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