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**INFORMATION FOR INITIAL MEETING
WITH ATTORNEY IN CHILD CUSTODY/PATERNITY MATTER**

YOUR CURRENT PERSONAL INFORMATION:

Full Name _____

Present Street Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cellular Phone _____ Email: _____

Social Security Number _____ Age: _____ Date of Birth: _____

YOUR EMPLOYMENT INFORMATION:

Employer _____

Address _____

Occupation _____

Length of Time with this Employer _____

How often are you regularly paid:

Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____

Gross Earnings \$ _____ Per _____

Describe the type and amount of other income (overtime, bonuses, commissions, other employment): _____

What is your education level: _____

Detail your prior work experience (what, when and where): _____

Do you receive, or expect to receive, any of the following as income:

Public Assistance	_____ Yes	_____ No
Social Security Benefits for Yourself	_____ Yes	_____ No
Social Security Benefits for your Child(ren)	_____ Yes	_____ No
Unemployment Compensation	_____ Yes	_____ No
Worker's Compensation	_____ Yes	_____ No
Rental Income	_____ Yes	_____ No
Other Income	_____ Yes	_____ No

If Yes, What: _____

OTHER PARENT'S CURRENT PERSONAL INFORMATION:

Full Name _____

Present Street Address _____

City _____ County _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cellular Phone _____ Email: _____

Social Security Number _____ Age: _____ Date of Birth: _____

OTHER PARENT'S EMPLOYMENT INFORMATION:

Employer _____

Address _____

Occupation _____

Length of Time with this Employer _____

How often is other parent regularly paid:

Weekly____Every two weeks____Twice per month____Monthly____

Gross Earnings \$ _____ Per _____

Describe the type and amount of other income (overtime, bonuses, commissions, other employment): _____

What is other parent’s education level: _____

Detail other parent’s prior work experience (what, when and where): _____

Does your other parent receive, or expect to receive, any of the following as income:

- Public Assistance _____ Yes _____ No
- Social Security Benefits for Yourself _____ Yes _____ No
- Social Security Benefits for your Child(ren) _____ Yes _____ No
- Unemployment Compensation _____ Yes _____ No
- Worker’s Compensation _____ Yes _____ No
- Rental Income _____ Yes _____ No
- Other Income _____ Yes _____ No

If Yes, What: _____

CHILDREN BORN TO RELATIONSHIP:

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do the children now live with You? _____ Other parent _____ Both _____

3. Do you have children from a previous relationship (non-joint children)? _____

PARENTING TIME SCHEDULE:

Please fill out the table with the current parenting time schedule, if any:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WK 1							
WK 2							
WK 3							
WK 4							

Please fill out the table with your proposed changes to the schedule, if any:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
WK 1							
WK 2							
WK 3							
WK 4							

HOLIDAY SCHEDULE:

1. Please fill out the schedule below with a proposed holiday schedule:

HOLIDAY	TIME FRAME	MOTHER	FATHER
Easter Sunday			
Mother's Day			
Memorial Weekend			
Father's Day			

4th of July			
Labor Day Weekend			
Halloween			
MEA Break			
Thanksgiving			
Christmas Eve			
Christmas Day			
New Year's Eve/Day			
Children's Birthdays			
Parent's Birthdays			

2. In regards to vacations, how many weeks of vacation would you prefer each parent to have with the child annually? _____

CUSTODY PREFERENCE:

1. What is your preference in regards to physical custody? Joint/Sole
2. What is your preference in regards to legal custody? Joint/Sole

ORDER FOR PROTECTION:

1. Have you or your other parent sought an order for protection? _____
2. If so, what is the court file number? _____

DISPUTE RESOLUTION:

1. By what means would you prefer parenting disputes to be resolved (prior to litigation):

DEPENDENCY EXEMPTION:

1. How shall a dependency exemption be reflected on the parties' taxes? (i.e. Dad odd years/Mom even years...)_____
- _____

CHILD SUPPORT:

1. Would you prefer that child support be reserved or collected on a monthly basis? _____
- _____

YOUR HEALTH INSURANCE:

Coverage provided for:
[Check all that apply]

<u>Name of Carrier</u>	<u>You</u>	<u>Other parent</u>	<u>Dependents</u>
Medical_____	_____	_____	_____
Dental_____	_____	_____	_____
Optical_____	_____	_____	_____

OTHER PARENT'S HEALTH INSURANCE:

Coverage provided for:
[Check all that apply]

<u>Name of Carrier</u>	<u>You</u>	<u>Other parent</u>	<u>Dependents</u>
Medical_____	_____	_____	_____
Dental_____	_____	_____	_____
Optical_____	_____	_____	_____

MONTHLY EXPENSES:

Rent	\$ _____
Mortgage Payment	\$ _____
Second Mortgage Payment	\$ _____
Contract for Deed Payment	\$ _____
Homeowner's/Renter's Insurance	\$ _____
Real Estate Taxes	\$ _____
Utilities	\$ _____
Cell Phone	\$ _____
Food	\$ _____
Clothing	\$ _____
Laundry and Drycleaning	\$ _____
Uninsured medical/dental	\$ _____
Debt Repayment	\$ _____
Car Payment	\$ _____
Gasoline	\$ _____
Vehicle Maintenance	\$ _____
Car Insurance	\$ _____
Recreation/entertainment	\$ _____
Subscriptions	\$ _____
Social and church obligations	\$ _____
Personal allowance/Incidentals	\$ _____
Babysitting	\$ _____
Child School/Activity Needs	\$ _____
Child's Clothing	\$ _____
Other:	\$ _____

MISCELLANEOUS:

What school district do the children currently attend school in, if any? _____

TO THE EXTENT POSSIBLE, PLEASE BRING THE FOLLOWING DOCUMENTS TO OUR FIRST MEETING:

___ **Court Orders** (such as all divorce papers from this case, divorce papers between the two of you from any prior divorce action, orders for protection, support orders, any orders about child support, custody, parenting time, bankruptcy papers)

___ **Child Protection letters or reports**

___ **Official Forms** (such as recognitions of parentage if you and the other parent have never been married)

___ **Health Insurance Information**

___ **Your pay stubs**

___ **Other parent's pay stubs** (if in your possession)

___ **Letters, bills or notices from your child care worker about day care**

___ **Letters or notices from your financial worker regarding assistance**