



FIFFIK

LAW GROUP

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CLIENT INTAKE FORM – CUSTODY/CHILD SUPPORT

Date: _____

File No. (do not fill in/office use only): _____

First Name

Last Name

Middle Initial

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How long in PA : _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Email Address: _____

Employer (Name & Address): _____

Employer Phone Number: _____

Date of Birth: _____

Marital Status: _____ Date of Marriage: _____

Were you ever married to the opposing party? ____ If yes, date of divorce: _____

Who may we contact if we cannot get a hold of you? _____

Phone Number: _____

First Name

Last Name

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Opposing Party's Information:

First Name Last Name Middle Initial

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

How long in PA? (if applicable) _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physical Address (if different): _____

Name of Employer: _____

DOB: _____

Is the opposing party represented by counsel? If so, who: _____

Reason for Consultation: _____

EXPENSES

List monthly expenses and approximately how much each month:

EXPENSE	MONTHLY PAYMENT
Mortgage /Rent	
Car Payment	
Utilities	
Insurance	
Groceries	
Gas	

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Other Expenses :	

DEBTS

List debts, amount owed, and who will take over the debt.

Debt	Value	Who Keeps

CHILDREN INFORMATION

How many children from this relationship? _____

Name: _____ DOB: _____ Male / Female

Name: _____ DOB: _____ Male / Female

Name: _____ DOB: _____ Male / Female

Name: _____ DOB: _____ Male / Female

Name: _____ DOB: _____ Male / Female

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Where is/are the child(ren) residing? _____

List all addresses where your child(ren) has/have lived for the past three years:

DATES	WITH WHOM THE CHILDREN LIVED	ADDRESS (street , city and state)

Is there a current custody order or child support in place? _____ (Please provide a copy of the order).

If, yes, please provide county and docket number: _____

Has paternity been established? _____

Is child support currently being paid? _____ By Whom? _____

How much each month? _____

Is the opposing currently behind in child support? _____ By how much? _____

Do you have a case with CHILD SUPPORT ENFORCEMENT DIVISION? _____

Do you want to have joint/shared legal custody? _____

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Do you want to have joint/shared physical custody? _____

(Understand that pursuant to PA law, the Court may be inclined to allow each party to have Joint Custody unless one party is unfit or has abused or abandoned the child):

Do you want the other parent to have visitation: Yes_____ No_____

If no, do you want the other party to have supervised visitation? _____ Please briefly state why?

Please specify what visitation or joint custody agreement you believe appropriate and, briefly, give your reasons why and the specific times you wish to have visitation/custody. (i.e., Birthdays):

Please list your children's present:

Religion (if any): _____

Doctor (name and address): _____

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Dentist (name and address): _____

Other Medical (name and address): _____

School(s) (name and address): _____

Child Care Provider(s) (names and addresses): _____

Child's Recreational Activities: _____

Who carries medical/dental insurance on child(ren)? _____

Monthly expense: _____

Are there childcare expenses?

If so, how much? _____ Who pays: _____