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POST DECREE/CUSTODY/SUPPORT/VISITATION INTAKE FORM

Please ensure that you have completed each question. If you do not know the answer, please try to find out. If you cannot, please write "I don't know." If a question is not applicable to you, please write "N/A" or "none." Where "YES" and "NO" are listed, please circle the appropriate response.

CLIENT INFORMATION

Full Legal Name: _____ Nickname: _____

Current Address: _____

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

Future (new) address: _____

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

E-mail: _____

S.S. #: _____ D.O.B.: _____ Age: _____

Employer's Name: _____

Employer's Address: _____

Average Work Schedule: _____

Telephone Numbers:

Office: _____ Ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____ Other Numbers: _____

Referred By: _____

Place of Birth: _____ Length of time a resident of Illinois: _____

Telephone Numbers:

Office: _____ Ext: _____ Office Fax: _____

Home: _____ Best Time to Call: _____

Cell: _____ Other Numbers: _____

Place of Birth: _____ Length of time a resident of Illinois: _____

Education completed: _____

Religion/Ethnicity: _____

His/Her health: _____ Physician's Name: _____

Under treatment for: _____

Is the other parent/ex-spouse/guardian Married/Remarried? (Please Circle) YES NO

If so, New Spouse's Name: _____

Is the other parent/ex-spouse/guardian Living with Anyone? (Please Circle) YES NO

If so, Please List: _____

CHILDREN

CHILDREN OF THIS LITIGATION:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Social Security Number</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

With Whom Does Each Child Live? _____

Addresses for Each Child: _____

Physical or emotional disabilities of child(ren): _____

What Schools are the Children Attending, if any? _____

What is the Name, Address and Phone Number of the Daycare Provider(s), if any? _____

Are any of the Children seeing a Therapist/Counselor/Psychologist/Psychiatrist? YES NO

If so, Please List the Name and Phone Number: _____

Please list the addresses that the children have resided in, with whom, and the dates the children resided at each location for the previous five (5) years:

<u>Address</u>	<u>With</u>	<u>When</u>

Do you believe there will be a dispute as to the custody of your minor children: YES NO

If yes, why: _____

CHILDREN OF OTHER RELATIONSHIPS:

<u>Full Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Whose Child?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

With Whom Does Each Child Live? _____

Addresses for Each Child: _____

Who has legal custody of each child from a prior relationship? _____

Do any of these children have income: YES NO

SERVICE OF PROCESS

Give an accurate physical description of other parent/ex-spouse/guardian (age, ethnicity, height, weight, color of hair, color of eyes, distinctive physical characteristics, tattoos, scars, nicknames, etc.) _____

Give make, model, year, color and license plate number of car person being served is driving:

When and where should documents be served?

