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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: \_\_\_\_\_

Education completed: \_\_\_\_\_

Religion/Ethnicity: \_\_\_\_\_

Closest relative - Name and relationship: \_\_\_\_\_

Closest relative - Address: \_\_\_\_\_

Your health: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Under treatment for: \_\_\_\_\_

Do you want your former name restored? YES NO If yes, name: \_\_\_\_\_

Emergency Contact Name/Number/Relationship: \_\_\_\_\_

Are you Married/Remarried? (Please Circle) YES NO

If so, New Spouse's Name: \_\_\_\_\_

Are you Living with Anyone? (Please Circle) YES NO

If so, Please List: \_\_\_\_\_

**OTHER PARENT/GUARDIAN INFORMATION**

**Please be advised that this is not your current spouse, if you have one. This information is the parent of the child(ren) and/or ex-spouse.**

Full Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Does your spouse want her former name restored? YES NO If yes, name: \_\_\_\_\_

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: \_\_\_\_\_

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:**

Full Name                                      Date of Birth                      Age                      Social Security Number

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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: \_\_\_\_\_

