

FILE IT YOURSELF WORKSHEET

Name:			
Address: Street	City	Zip Code	County of Residence
Home Phone:	Cell Phone:	Who referred you?	
Yearly Income:			
<input type="checkbox"/> Under 15,000	<input type="checkbox"/> 15,000 – 20,000	<input type="checkbox"/> 20,001 – 32,000	<input type="checkbox"/> 32,001 – 35,000
<input type="checkbox"/> 35,001 – 40,000	<input type="checkbox"/> 40,001 – 45,000	<input type="checkbox"/> Above 45,000	

OTHER PARENT

Name:	Phone:
Address:	County:

CHILDREN

Name:	Birth date:
Name:	Birth date:
Name:	Birth date:

WHERE THE CHILDREN HAVE LIVED FOR THE PAST FIVE YEARS OR SINCE BIRTH IF YOUNGER THAN FIVE YEARS

Address:	
Lived with:	Dates:
Address:	
Lived with:	Dates:
Address:	
Lived with:	Dates:

- ❖ Were you and the other parent married? Y/N
 If yes, date of marriage: _____
- Separated? Y/N
 If yes, date of separation: _____
- Divorced? Y/N
 If yes, state, county and date of divorce: _____
- ❖ Have there been any other court actions/ lawsuits involving any of the children? Y/N
 If yes, what are they? _____
- ❖ There is/ is NOT a child support action for the child/ren?
 Child support action file number, county, state _____

- ❖ Have the parties ever previously attended custody mediation or group orientation? Y/N
- ❖ Is there a civil or domestic violence case involving the same parties in NC or any other state?
Y/N

If so, state file number and location of prior action: _____

I certify that the information I have provided above is true and correct to the best of my knowledge. I understand that my payment to the attorney is for this conference only and if requested, for the drafting of a complaint for custody and associated documents for me to sign and file with the court without the aid of an attorney. I understand and agree that no further obligation is incurred by either party as a result of this conference and that I have not retained the attorney to represent me in this custody action.

Client Signature
(Client must sign in the presence of a notary)

Date _____

TO BE COMPLETED BY NOTARY:

WAKE COUNTY
NORTH CAROLINA

I certify that _____ personally appeared before me this, the ____ day of _____, 20____ and I have seen satisfactory evidence of the principal's identity, by a current state or federal identification with the principal's photograph in the form of a _____; acknowledging to me that he or she voluntarily signed the foregoing documents for the purpose stated therein and in the capacity indicated.

Notary Public

SEAL:

My Commission Expires: _____