

FILE IT YOURSELF CUSTODY WORKSHEET

Name:			
Address: Street	City	Zip Code	County of Residence
Cell Phone:	Home Phone:	Who referred you?	
Yearly Income:			
<input type="checkbox"/> Under 25,000	<input type="checkbox"/> 25,001 – 35,000	<input type="checkbox"/> 35,001 – 40,000	<input type="checkbox"/> 40,001 – 50,000
<input type="checkbox"/> Above 50,001			

OTHER PARENT

Name:	Phone:
Address:	County:
Other Parent Birthdate:	

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:

- ❖ Have you ever been convicted of a sexually violent offense as defined in G.S. 14-208.6 (5)? Y/N
If yes, date of conviction: _____
- ❖ 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: _____

ACKNOWLEDGEMENT

I certify that the information I have provided above is true and correct to the best of my knowledge, and that all advice and paperwork that has been provided to me is based upon this information. I understand that my payment to Carolina Dispute Settlement Services is for this consultation and preparation of paperwork only and that the attorney I have spoken with has no further obligation to me. I understand that I have not retained an attorney to represent me in this matter.

Date

Signature